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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ABACA/LAMIVU TAB 600-300 | Abacavir Sulfate-Lamivudine Tab 600-300 MG | | 1.19425 | |
| EPZICOM TAB | Abacavir Sulfate-Lamivudine Tab 600-300 MG | | 42.88477 | |
| EPZICOM TAB 600-300 | Abacavir Sulfate-Lamivudine Tab 600-300 MG | | 42.88477 | |
| ORENCIA INJ 250MG | Abatacept For IV Soln 250 MG | | 1104.59388 | |
| ZYTIGA TAB 250MG | Abiraterone Acetate Tab 250 MG | | 90.36227 | |
| HUMIRA KIT 40MG/0.8 | Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | | 2520.56115 | |
| HUMIRA PEDIA INJ CROHNS | Adalimumab Prefilled Syringe Kit 40 MG/0.8ML | | 2520.56115 | |
| ADEFOV DIPIV TAB 10MG | Adefovir Dipivoxil Tab 10 MG | | 22.87983 | |
| HEPSERA TAB 10MG | Adefovir Dipivoxil Tab 10 MG | | 49.28042 | |
| KADCYLA INJ 100MG | Ado-Trastuzumab Emtansine For IV Soln 100 MG | | 3050.35956 | |
| KADCYLA INJ 160MG | Ado-Trastuzumab Emtansine For IV Soln 160 MG | | 4880.57928 | |
| FABRAZYME INJ 35MG | Agalsidase beta For IV Soln 35 MG | | 6045.72000 | |
| FABRAZYME INJ 5MG | Agalsidase beta For IV Soln 5 MG | | 863.53200 | |
| TANZEUM INJ 30MG | Albiglutide For Soln Pen-injector 30 MG | | 129.97800 | |
| TANZEUM INJ 50MG | Albiglutide For Soln Pen-injector 50 MG | | 129.98049 | |
| LEMTRADA INJ 12/1.2ML | Alemtuzumab IV Inj 12 MG/1.2ML (10 MG/ML) | | 19436.03530 | |
| LETAIRIS TAB 10MG | Ambrisentan Tab 10 MG | | 322.30859 | |
| LETAIRIS TAB 5MG | Ambrisentan Tab 5 MG | | 322.30859 | |
| XYNTHA INJ 250UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit | | 0.98580 | |
| XYNTHA SOLOF KIT 250UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 250 Unit | | 0.98580 | |
| XYNTHA INJ 500UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit | | 0.98580 | |
| XYNTHA SOLOF INJ 500UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,mor) For Inj Kit 500 Unit | | 0.98580 | |
| NUWIQ KIT 250UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 250 Unit | | 1.26140 | |
| NUWIQ KIT 500UNIT | Antihemophil Fact Rcmb (BDD-rFVIII,sim) For Inj Kit 500 Unit | | 1.26140 | |
| JIVI INJ 500 UNIT | Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl) For Inj 500 Unit | | 1.59000 | |
| JIVI INJ 1000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 1000 Unit | | 1.59000 | |
| JIVI INJ 2000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 2000 Unit | | 1.59000 | |
| JIVI INJ 3000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII PEG-aucl)For Inj 3000 Unit | | 1.59000 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| XYNTHA INJ 1000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit | | 0.98580 | |
| XYNTHA SOLOF INJ 1000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 1000 Unit | | 0.98580 | |
| XYNTHA INJ 2000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit | | 0.98580 | |
| XYNTHA SOLOF INJ 2000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 2000 Unit | | 0.98580 | |
| XYNTHA SOLOF INJ 3000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,mor) For Inj Kit 3000 Unit | | 0.98580 | |
| NUWIQ KIT 1000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 1000 Unit | | 1.26140 | |
| NUWIQ KIT 1500UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 1500 Unit | | 1.26140 | |
| NUWIQ KIT 2000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2000 Unit | | 1.26140 | |
| NUWIQ KIT 2500UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 2500 Unit | | 1.26140 | |
| NUWIQ KIT 3000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 3000 Unit | | 1.26140 | |
| NUWIQ KIT 4000UNIT | Antihemophil Fact Rcmb(BDD-rFVIII,sim) For Inj Kit 4000 Unit | | 1.26140 | |
| NOVOEIGHT INJ 1000UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1000 Unit | | 1.02820 | |
| NOVOEIGHT INJ 1500UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 1500 Unit | | 1.02820 | |
| NOVOEIGHT INJ 2000UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 2000 Unit | | 1.02820 | |
| NOVOEIGHT INJ 250UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 250 Unit | | 1.02820 | |
| NOVOEIGHT INJ 3000UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 3000 Unit | | 1.02820 | |
| NOVOEIGHT INJ 500UNIT | Antihemophilic Fact Rcmb (BD trunc-rFVIII) For Inj 500 Unit | | 1.02820 | |
| NUWIQ INJ 1000UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 1000 Unit | | 1.26140 | |
| NUWIQ INJ 1500UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 1500 Unit | | 1.26140 | |
| NUWIQ INJ 2000UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2000 Unit | | 1.26140 | |
| NUWIQ INJ 2500UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 2500 Unit | | 1.26140 | |
| NUWIQ INJ 3000UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 3000 Unit | | 1.26140 | |
| NUWIQ INJ 4000UNIT | Antihemophilic Fact Rcmb (BDD-rFVIII,sim) For Inj 4000 Unit | | 1.26140 | |
| ALTUVIIIO INJ 1000UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 1000 Unit | | 4.59000 | |
| ALTUVIIIO INJ 2000UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 2000 Unit | | 4.59000 | |

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Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ALTUVIIIO INJ 250 UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 250 Unit | | 4.59000 | |
| ALTUVIIIO INJ 250UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 250 Unit | | 4.59000 | |
| ALTUVIIIO INJ 3000UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 3000 Unit | | 4.59000 | |
| ALTUVIIIO INJ 4000UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 4000 Unit | | 4.59000 | |
| ALTUVIIIO INJ 500UNIT | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehtl For Inj 500 Unit | | 4.59000 | |
| AFSTYLA KIT 1000UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 1000 Unit | | 1.26140 | |
| AFSTYLA KIT 1500UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 1500 Unit | | 1.26140 | |
| AFSTYLA KIT 2000UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 2000 Unit | | 1.26140 | |
| AFSTYLA KIT 250UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 250 Unit | | 1.26140 | |
| AFSTYLA KIT 2500UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 2500 Unit | | 1.26140 | |
| AFSTYLA KIT 3000UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 3000 Unit | | 1.26140 | |
| AFSTYLA KIT 500UNIT | Antihemophilic Fact Rcmb Single Chain For Inj Kit 500 Unit | | 1.26140 | |
| HEMOFIL M INJ 1000UNIT | Antihemophilic Factor (Human) For Inj 1000 Unit | | 0.79500 | |
| KOATE INJ 1000UNIT | Antihemophilic Factor (Human) For Inj 1000 Unit | | 0.64660 | |
| KOATE-DVI INJ 1000UNIT | Antihemophilic Factor (Human) For Inj 1000 Unit | | 0.61000 | |
| KOATE-DVI INJ 1000UNIT | Antihemophilic Factor (Human) For Inj 1000 Unit | | 0.64660 | |
| HEMOFIL M SOL | Antihemophilic Factor (Human) For Inj 1501-2000 Unit | | 0.75000 | |
| HEMOFIL M INJ 1700UNIT | Antihemophilic Factor (Human) For Inj 1700 Unit | | 0.79500 | |
| HEMOFIL M INJ 220-400 | Antihemophilic Factor (Human) For Inj 220-400 Unit | | 0.75000 | |
| HEMOFIL M INJ 250UNIT | Antihemophilic Factor (Human) For Inj 250 Unit | | 0.79500 | |
| KOATE INJ 250UNIT | Antihemophilic Factor (Human) For Inj 250 Unit | | 0.64660 | |
| KOATE-DVI INJ 250UNIT | Antihemophilic Factor (Human) For Inj 250 Unit | | 0.61000 | |
| HEMOFIL M INJ 401-800 | Antihemophilic Factor (Human) For Inj 401-800 Unit | | 0.75000 | |
| HEMOFIL M INJ 500UNIT | Antihemophilic Factor (Human) For Inj 500 Unit | | 0.79500 | |
| KOATE INJ 500 UNIT | Antihemophilic Factor (Human) For Inj 500 Unit | | 0.64660 | |
| KOATE-DVI INJ 500UNIT | Antihemophilic Factor (Human) For Inj 500 Unit | | 0.64660 | |
| HEMOFIL M SOL 801-1500 | Antihemophilic Factor (Human) For Inj 801-1500 Unit | | 0.75000 | |
| MONOCLATE-P INJ 1000UNIT | Antihemophilic Factor (Human) For Inj Kit 1000 Unit | | 0.61000 | |

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# Illinois Department of Healthcare and Family Services
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# Generic and Multi-Source Brand Drugs

Data as of 10/5/2026

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| MONOCLATE-P INJ 1500UNIT | Antihemophilic Factor (Human) For Inj Kit 1500 Unit | | 0.61000 | |
| MONOCLATE-P INJ 250UNIT | Antihemophilic Factor (Human) For Inj Kit 250 Unit | | 0.61000 | |
| MONOCLATE-P INJ 500UNIT | Antihemophilic Factor (Human) For Inj Kit 500 Unit | | 0.61000 | |
| OBIZUR INJ 500 UNIT | Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit | | 2.66000 | |
| OBIZUR INJ 500 UNIT | Antihemophilic Factor (Recomb Porc) rpFVIII For Inj 500 Unit | | 3.96000 | |
| NUWIQ INJ 250UNIT | Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 250 Unit | | 1.26140 | |
| NUWIQ INJ 500UNIT | Antihemophilic Factor Rcmb (BDD-rFVIII,sim) For Inj 500 Unit | | 1.26140 | |
| ELOCTATE INJ 1000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1000 Unit | | 1.48000 | |
| ELOCTATE INJ 1000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1000 Unit | | 1.57000 | |
| ELOCTATE INJ 1500UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1500 Unit | | 1.48000 | |
| ELOCTATE INJ 1500UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 1500 Unit | | 1.57000 | |
| ELOCTATE INJ 2000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 2000 Unit | | 1.48000 | |
| ELOCTATE INJ 2000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 2000 Unit | | 1.57000 | |
| ELOCTATE INJ 250UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 250 Unit | | 1.48000 | |
| ELOCTATE INJ 250UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 250 Unit | | 1.57000 | |
| ELOCTATE INJ 3000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 3000 Unit | | 1.48000 | |
| ELOCTATE INJ 3000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 3000 Unit | | 1.57000 | |
| ELOCTATE INJ 4000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 4000 Unit | | 1.48000 | |
| ELOCTATE INJ 4000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 4000 Unit | | 1.57000 | |
| ELOCTATE INJ 500UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 500 Unit | | 1.48000 | |
| ELOCTATE INJ 500UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 500 Unit | | 1.57000 | |
| ELOCTATE INJ 5000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 5000 Unit | | 1.48000 | |
| ELOCTATE INJ 5000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 5000 Unit | | 1.57000 | |
| ELOCTATE INJ 6000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 6000 Unit | | 1.48000 | |
| ELOCTATE INJ 6000UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 6000 Unit | | 1.57000 | |

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ELOCTATE INJ 750UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 750 Unit | | 1.48000 | |
| ELOCTATE INJ 750UNIT | Antihemophilic Factor Rcmb (BDD-rFVIIIFc) For Inj 750 Unit | | 1.57000 | |
| ADVATE INJ 1000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit | | 1.00000 | |
| ADVATE INJ 1000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit | | 1.06000 | |
| KOVALTRY INJ 1000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1000 Unit | | 0.92220 | |
| ADVATE INJ 1500UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit | | 1.00000 | |
| ADVATE INJ 1500UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 1500 Unit | | 1.06000 | |
| ADVATE INJ 2000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit | | 1.00000 | |
| ADVATE INJ 2000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit | | 1.06000 | |
| KOVALTRY INJ 2000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 2000 Unit | | 0.92220 | |
| ADVATE INJ 250UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit | | 1.00000 | |
| ADVATE INJ 250UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit | | 1.06000 | |
| KOVALTRY INJ 250UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 250 Unit | | 0.92220 | |
| ADVATE INJ 3000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit | | 1.00000 | |
| ADVATE INJ 3000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit | | 1.06000 | |
| KOVALTRY INJ 3000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 3000 Unit | | 0.92220 | |
| ADVATE INJ 4000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 4000 Unit | | 1.00000 | |
| ADVATE INJ 4000UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 4000 Unit | | 1.06000 | |
| ADVATE INJ 500UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit | | 1.00000 | |
| ADVATE INJ 500UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit | | 1.06000 | |
| KOVALTRY INJ 500UNIT | Antihemophilic Factor Recomb (rAHF-PFM) For Inj 500 Unit | | 0.92220 | |
| RECOMBINATE INJ | Antihemophilic Factor Recomb (rFVIII) For Inj 1241-1800 Unit | | 1.00700 | |
| RECOMBINATE INJ | Antihemophilic Factor Recomb (rFVIII) For Inj 1801-2400 Unit | | 1.00700 | |
| RECOMBINATE INJ 220-400 | Antihemophilic Factor Recomb (rFVIII) For Inj 220-400 Unit | | 1.00700 | |
| RECOMBINATE INJ 401-800 | Antihemophilic Factor Recomb (rFVIII) For Inj 401-800 Unit | | 1.00700 | |
| RECOMBINATE INJ 801-1240 | Antihemophilic Factor Recomb (rFVIII) For Inj 801-1240 Unit | | 1.00700 | |

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| HELIXATE FS INJ 1000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit | | 0.86000 | |
| KOGENATE FS INJ 1000/BS | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit | | 0.88000 | |
| KOGENATE FS INJ 1000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit | | 0.88000 | |
| KOGENATE FS INJ 1000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 1000 Unit | | 0.93280 | |
| HELIXATE FS INJ 2000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit | | 0.86000 | |
| KOGENATE FS INJ 2000/BS | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit | | 0.88000 | |
| KOGENATE FS INJ 2000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit | | 0.88000 | |
| KOGENATE FS INJ 2000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 2000 Unit | | 0.93280 | |
| HELIXATE FS INJ 250UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit | | 0.86000 | |
| KOGENATE FS INJ 250/BS | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit | | 0.88000 | |
| KOGENATE FS INJ 250UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit | | 0.88000 | |
| KOGENATE FS INJ 250UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 250 Unit | | 0.93280 | |
| HELIXATE FS INJ 3000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit | | 0.86000 | |
| KOGENATE FS INJ 3000/BS | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit | | 0.88000 | |
| KOGENATE FS INJ 3000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit | | 0.88000 | |
| KOGENATE FS INJ 3000UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 3000 Unit | | 0.93280 | |
| HELIXATE FS INJ 500UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit | | 0.86000 | |
| KOGENATE FS INJ 500/BS | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit | | 0.88000 | |
| KOGENATE FS INJ 500UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit | | 0.88000 | |
| KOGENATE FS INJ 500UNIT | Antihemophilic Factor Recomb (rFVIII) For Inj Kit 500 Unit | | 0.93280 | |
| ESPEROCT INJ 1000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit | | 1.57000 | |
| ESPEROCT INJ 1000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 1000 Unit | | 1.57000 | |
| ESPEROCT INJ 1500UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit | | 1.57000 | |
| ESPEROCT INJ 1500UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 1500 Unit | | 1.57000 | |
| ESPEROCT INJ 2000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit | | 1.57000 | |
| ESPEROCT INJ 2000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 2000 Unit | | 1.57000 | |
| ESPEROCT INJ 3000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit | | 1.57000 | |
| ESPEROCT INJ 3000UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 3000 Unit | | 1.57000 | |

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|---|---|---|---|---|
| ESPEROCT INJ 500UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit | | 1.57000 | |
| ESPEROCT INJ 500UNIT | Antihemophilic Factor Recomb Glycopeg-exei For Inj 500 Unit | | 1.57000 | |
| ADYNOVATE INJ 1000UNIT | Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit | | 1.36000 | |
| ADYNOVATE INJ 1000UNIT | Antihemophilic Factor Recomb Pegylated For Inj 1000 Unit | | 1.44160 | |
| ADYNOVATE INJ 1500UNIT | Antihemophilic Factor Recomb Pegylated For Inj 1500 Unit | | 1.44160 | |
| ADYNOVATE INJ 2000UNIT | Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit | | 1.36000 | |
| ADYNOVATE INJ 2000UNIT | Antihemophilic Factor Recomb Pegylated For Inj 2000 Unit | | 1.44160 | |
| ADYNOVATE INJ 250UNIT | Antihemophilic Factor Recomb Pegylated For Inj 250 Unit | | 1.36000 | |
| ADYNOVATE INJ 250UNIT | Antihemophilic Factor Recomb Pegylated For Inj 250 Unit | | 1.44160 | |
| ADYNOVATE INJ 3000UNIT | Antihemophilic Factor Recomb Pegylated For Inj 3000 Unit | | 1.44160 | |
| ADYNOVATE INJ 500UNIT | Antihemophilic Factor Recomb Pegylated For Inj 500 Unit | | 1.36000 | |
| ADYNOVATE INJ 500UNIT | Antihemophilic Factor Recomb Pegylated For Inj 500 Unit | | 1.44160 | |
| ADYNOVATE INJ 750UNIT | Antihemophilic Factor Recomb Pegylated For Inj 750 Unit | | 1.44160 | |
| ALPHANATE INJ 1000UNIT | Antihemophilic Factor/VWF (Human) For Inj 1000 Unit | | 0.76320 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 1000 Unit | | 0.72000 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit | | 0.71000 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 1000-1000 Unit Kit | | 0.75260 | |
| HUMATE-P SOL 2400UNIT | Antihemophilic Factor/VWF (Human) For Inj 1000-2400 Unit | | 0.78440 | |
| ALPHANATE INJ 1500UNIT | Antihemophilic Factor/VWF (Human) For Inj 1500 Unit | | 0.76320 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 1500 Unit | | 0.72000 | |
| ALPHANATE INJ 2000UNIT | Antihemophilic Factor/VWF (Human) For Inj 2000 Unit | | 0.76320 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 2000 Unit | | 0.72000 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 2000 Unit | | 0.76320 | |
| ALPHANATE INJ 250 UNIT | Antihemophilic Factor/VWF (Human) For Inj 250 Unit | | 0.76320 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 250 Unit | | 0.72000 | |
| HUMATE-P SOL 250-600 | Antihemophilic Factor/VWF (Human) For Inj 250-600 Unit | | 0.78440 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 450-450 Unit | | 0.71500 | |
| ALPHANATE INJ 500 UNIT | Antihemophilic Factor/VWF (Human) For Inj 500 Unit | | 0.76320 | |
| ALPHANATE INJ VWF/HUM | Antihemophilic Factor/VWF (Human) For Inj 500 Unit | | 0.72000 | |

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| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| HUMATE-P SOL 500-1200 | Antihemophilic Factor/VWF (Human) For Inj 500-1200 Unit | | 0.78440 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit | | 0.71000 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 500-500 Unit Kit | | 0.75260 | |
| WILATE INJ | Antihemophilic Factor/VWF (Human) For Inj 900-900 Unit | | 0.71500 | |
| FEIBA INJ | Antiinhibitor Coagulant Complex For IV Soln 1000 Unit | | 1.55820 | |
| FEIBA INJ | Antiinhibitor Coagulant Complex For IV Soln 2500 Unit | | 1.55820 | |
| FEIBA INJ | Antiinhibitor Coagulant Complex For IV Soln 500 Unit | | 1.47000 | |
| OTEZLA TAB 30MG | Apremilast Tab 30 MG | | 56.40680 | |
| OTEZLA TAB 10/20/30 | Apremilast Tab Starter Therapy Pack 10 MG & 20 MG & 30 MG | | 61.53469 | |
| REYATAZ CAP 150MG | Atazanavir Sulfate Cap 150 MG (Base Equiv) | | 24.29011 | |
| BENLYSTA INJ 400MG | Belimumab For IV Soln 400 MG | | 1746.20712 | |
| AVASTIN INJ | Bevacizumab IV Soln 100 MG/4ML (For Infusion) | | 198.43806 | |
| AVASTIN INJ 400/16ML | Bevacizumab IV Soln 400 MG/16ML (For Infusion) | | 198.43806 | |
| VICTRELIS CAP 200MG | Boceprevir Cap 200 MG | | 19.82135 | |
| TRACLEER TAB 125MG | Bosentan Tab 125 MG | | 193.08456 | |
| TRACLEER TAB 62.5MG | Bosentan Tab 62.5 MG | | 193.08456 | |
| BRIVIACT SOL 10MG/ML | Brivaracetam Oral Soln 10 MG/ML | | 4.63537 | |
| BRIVIACT TAB 10MG | Brivaracetam Tab 10 MG | | 19.00700 | |
| BRIVIACT TAB 100MG | Brivaracetam Tab 100 MG | | 23.42057 | |
| BRIVIACT TAB 25MG | Brivaracetam Tab 25 MG | | 23.74500 | |
| BRIVIACT TAB 50MG | Brivaracetam Tab 50 MG | | 23.10116 | |
| BRIVIACT TAB 75MG | Brivaracetam Tab 75 MG | | 23.48050 | |
| CIMZIA KIT | Certolizumab Pegol For Inj Kit 2 X 200 MG | | 4310.12028 | |
| SENSIPAR TAB 30MG | Cinacalcet HCl Tab 30 MG (Base Equiv) | | 26.02878 | |
| ALPROLIX INJ 1000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit | | 2.20000 | |
| ALPROLIX INJ 1000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 1000 Unit | | 2.33200 | |
| ALPROLIX INJ 2000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit | | 2.20000 | |
| ALPROLIX INJ 2000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 2000 Unit | | 2.33200 | |
| ALPROLIX INJ 250UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit | | 2.20000 | |
| ALPROLIX INJ 250UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 250 Unit | | 2.33200 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ALPROLIX INJ 3000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit | | 2.20000 | |
| ALPROLIX INJ 3000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 3000 Unit | | 2.33200 | |
| ALPROLIX INJ 4000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit | | 2.20000 | |
| ALPROLIX INJ 4000UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 4000 Unit | | 2.33200 | |
| ALPROLIX INJ 500UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit | | 2.20000 | |
| ALPROLIX INJ 500UNIT | Coagulation Factor IX (Recomb) (rFIXFc) For Inj 500 Unit | | 2.33200 | |
| IDELVION SOL 1000UNIT | Coagulation Factor IX (Recomb) (rIX-FP) For Inj 1000 Unit | | 4.07040 | |
| IDELVION SOL 2000UNIT | Coagulation Factor IX (Recomb) (rIX-FP) For Inj 2000 Unit | | 4.07040 | |
| IDELVION SOL 250UNIT | Coagulation Factor IX (Recomb) (rIX-FP) For Inj 250 Unit | | 4.07040 | |
| IDELVION SOL 3500UNIT | Coagulation Factor IX (Recomb) (rIX-FP) For Inj 3500 Unit | | 4.07040 | |
| IDELVION SOL 500UNIT | Coagulation Factor IX (Recomb) (rIX-FP) For Inj 500 Unit | | 4.07040 | |
| IXINITY INJ 1000UNIT | Coagulation Factor IX (Recombinant) For Inj 1000 Unit | | 1.09000 | |
| IXINITY INJ 1000UNIT | Coagulation Factor IX (Recombinant) For Inj 1000 Unit | | 1.15540 | |
| RIXUBIS INJ 1000UNIT | Coagulation Factor IX (Recombinant) For Inj 1000 Unit | | 1.03880 | |
| IXINITY INJ 1500UNIT | Coagulation Factor IX (Recombinant) For Inj 1500 Unit | | 1.09000 | |
| IXINITY INJ 1500UNIT | Coagulation Factor IX (Recombinant) For Inj 1500 Unit | | 1.15540 | |
| IXINITY INJ 2000UNIT | Coagulation Factor IX (Recombinant) For Inj 2000 Unit | | 1.15540 | |
| RIXUBIS INJ 2000UNIT | Coagulation Factor IX (Recombinant) For Inj 2000 Unit | | 1.03880 | |
| IXINITY INJ 250UNIT | Coagulation Factor IX (Recombinant) For Inj 250 Unit | | 1.15540 | |
| RIXUBIS INJ 250 UNIT | Coagulation Factor IX (Recombinant) For Inj 250 Unit | | 1.03880 | |
| IXINITY INJ 3000UNIT | Coagulation Factor IX (Recombinant) For Inj 3000 Unit | | 1.15540 | |
| RIXUBIS INJ 3000UNIT | Coagulation Factor IX (Recombinant) For Inj 3000 Unit | | 1.03880 | |
| IXINITY INJ 500UNIT | Coagulation Factor IX (Recombinant) For Inj 500 Unit | | 1.09000 | |
| IXINITY INJ 500UNIT | Coagulation Factor IX (Recombinant) For Inj 500 Unit | | 1.15540 | |
| RIXUBIS INJ 500UNIT | Coagulation Factor IX (Recombinant) For Inj 500 Unit | | 1.03880 | |
| BENEFIX INJ 1000UNIT | Coagulation Factor IX (Recombinant) For Inj Kit 1000 Unit | | 1.15540 | |
| BENEFIX INJ 2000UNIT | Coagulation Factor IX (Recombinant) For Inj Kit 2000 Unit | | 1.15540 | |
| BENEFIX INJ 250UNIT | Coagulation Factor IX (Recombinant) For Inj Kit 250 Unit | | 1.15540 | |
| BENEFIX INJ 3000UNIT | Coagulation Factor IX (Recombinant) For Inj Kit 3000 Unit | | 1.15540 | |
| BENEFIX INJ 500UNIT | Coagulation Factor IX (Recombinant) For Inj Kit 500 Unit | | 1.15540 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ALPHANINE SD INJ 1000UNIT | Coagulation Factor IX For Inj 1000 Unit | | 0.68500 | |
| ALPHANINE SD INJ 1000UNIT | Coagulation Factor IX For Inj 1000 Unit | | 0.72610 | |
| MONONINE INJ 1000UNIT | Coagulation Factor IX For Inj 1000 Unit | | 0.85000 | |
| ALPHANINE SD INJ 1500UNIT | Coagulation Factor IX For Inj 1500 Unit | | 0.68500 | |
| ALPHANINE SD INJ 1500UNIT | Coagulation Factor IX For Inj 1500 Unit | | 0.72610 | |
| MONONINE INJ 250UNIT | Coagulation Factor IX For Inj 250 Unit | | 0.85000 | |
| ALPHANINE SD INJ 500UNIT | Coagulation Factor IX For Inj 500 Unit | | 0.68500 | |
| ALPHANINE SD INJ 500UNIT | Coagulation Factor IX For Inj 500 Unit | | 0.72610 | |
| MONONINE INJ 500UNIT | Coagulation Factor IX For Inj 500 Unit | | 0.85000 | |
| REBINYN SOL 1000UNIT | Coagulation Factor IX Recomb Glycopegylated For Inj 1000 Unt | | 4.56300 | |
| REBINYN SOL 2000UNIT | Coagulation Factor IX Recomb Glycopegylated For Inj 2000 Unt | | 1.37800 | |
| REBINYN INJ 3000UNIT | Coagulation Factor IX Recomb Glycopegylated For Inj 3000 Unt | | 1.37800 | |
| REBINYN SOL 500UNIT | Coagulation Factor IX Recomb Glycopegylated For Inj 500 Unt | | 1.37800 | |
| SEVENFACT INJ 1MG | Coagulation Factor VIIa (Recom)-jncw For Inj 1 MG (1000 MCG) | | 1.59000 | |
| SEVENFACT INJ 5MG | Coagulation Factor VIIa (Recom)-jncw For Inj 5 MG (5000 MCG) | | 1.59000 | |
| NOVOSEVEN RT INJ 1MG | Coagulation Factor VIIa (Recomb) For Inj 1 MG (1000 MCG) | | 1.59000 | |
| NOVOSEVEN RT INJ 2MG | Coagulation Factor VIIa (Recomb) For Inj 2 MG (2000 MCG) | | 1.59000 | |
| NOVOSEVEN RT INJ 5MG | Coagulation Factor VIIa (Recomb) For Inj 5 MG (5000 MCG) | | 1.59000 | |
| NOVOSEVEN RT INJ 8MG | Coagulation Factor VIIa (Recomb) For Inj 8 MG (8000 MCG) | | 1.59000 | |
| COAGADEX INJ 250UNIT | Coagulation Factor X (Human) For Inj 250 Unit | | 6.36000 | |
| COAGADEX INJ 500UNIT | Coagulation Factor X (Human) For Inj 500 Unit | | 6.36000 | |
| TRETTEN INJ | Coagulation Factor XIII A-Subunit For Inj 2500 Unit | | 10.85440 | |
| PARAGARD IUD T380A | Copper IUD** | | 884.50000 | |
| PARAGARD IUD T380A | Copper IUD** | | 1187.00000 | |
| TAFINLAR CAP 50MG | Dabrafenib Mesylate Cap 50 MG (Base Equivalent) | | 67.15563 | |
| ZINBRYTA INJ 150MG/ML | Daclizumab Soln Prefilled Syringe 150 MG/ML | | 6805.99668 | |
| AMPYRA TAB 10MG | Dalfampridine Tab ER 12HR 10 MG | | 44.68504 | |
| FRAGMIN INJ 10000/ML | Dalteparin Sodium Inj 10000 Unit/ML | | 81.75168 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| FRAGMIN INJ 12500UNT | Dalteparin Sodium Inj 12500 Unit/0.5ML | | 204.37920 | |
| FRAGMIN INJ 15000UNT | Dalteparin Sodium Inj 15000 Unit/0.6ML | | 204.36260 | |
| FRAGMIN INJ 18000UNT | Dalteparin Sodium Inj 18000 Unit/0.72ML | | 204.37366 | |
| FRAGMIN INJ 2500/0.2 | Dalteparin Sodium Inj 2500 Unit/0.2ML | | 125.99400 | |
| FRAGMIN INJ 25000/ML | Dalteparin Sodium Inj 25000 Unit/ML | | 184.90740 | |
| FRAGMIN INJ 5000/0.2 | Dalteparin Sodium Inj 5000 Unit/0.2ML | | 204.37920 | |
| FRAGMIN INJ 7500/0.3 | Dalteparin Sodium Inj 7500 Unit/0.3ML | | 204.37920 | |
| FRAGMIN INJ 95000UNT | Dalteparin Sodium Subcutaneous Soln 95000 Unit/3.8ML | | 184.90740 | |
| ARANESP INJ 100MCG | Darbepoetin Alfa Soln Inj 100 MCG/ML | | 770.90400 | |
| ARANESP INJ 150MCG | Darbepoetin Alfa Soln Inj 150 MCG/0.75ML | | 1483.64160 | |
| ARANESP INJ 200MCG | Darbepoetin Alfa Soln Inj 200 MCG/ML | | 1541.80800 | |
| ARANESP INJ 25MCG | Darbepoetin Alfa Soln Inj 25 MCG/ML | | 192.72600 | |
| ARANESP INJ 300MCG | Darbepoetin Alfa Soln Inj 300 MCG/ML | | 2312.71200 | |
| ARANESP INJ 40MCG | Darbepoetin Alfa Soln Inj 40 MCG/ML | | 308.36160 | |
| ARANESP INJ 60MCG | Darbepoetin Alfa Soln Inj 60 MCG/ML | | 462.54240 | |
| ARANESP INJ 100MCG | Darbepoetin Alfa Soln Prefilled Syringe 100 MCG/0.5ML | | 1541.80800 | |
| ARANESP INJ 150MCG | Darbepoetin Alfa Soln Prefilled Syringe 150 MCG/0.3ML | | 3854.52000 | |
| ARANESP INJ 200MCG | Darbepoetin Alfa Soln Prefilled Syringe 200 MCG/0.4ML | | 3854.52000 | |
| ARANESP INJ 25MCG | Darbepoetin Alfa Soln Prefilled Syringe 25 MCG/0.42ML | | 458.87142 | |
| ARANESP INJ 300MCG | Darbepoetin Alfa Soln Prefilled Syringe 300 MCG/0.6ML | | 3854.52000 | |
| ARANESP INJ 40MCG | Darbepoetin Alfa Soln Prefilled Syringe 40 MCG/0.4ML | | 770.90400 | |
| ARANESP INJ 500MCG | Darbepoetin Alfa Soln Prefilled Syringe 500 MCG/ML | | 3854.52000 | |
| ARANESP INJ 60MCG | Darbepoetin Alfa Soln Prefilled Syringe 60 MCG/0.3ML | | 1541.80800 | |
| PREZISTA TAB 400MG | Darunavir Ethanolate Tab 400 MG (Base Equiv) | | 20.88545 | |
| PREZISTA TAB 600MG | Darunavir Ethanolate Tab 600 MG (Base Equiv) | | 28.04902 | |
| JADENU TAB 180MG | Deferasirox Tab 180 MG | | 84.11718 | |
| JADENU TAB 360MG | Deferasirox Tab 360 MG | | 168.23104 | |
| JADENU TAB 90MG | Deferasirox Tab 90 MG | | 42.05942 | |
| EXJADE TAB 125MG | Deferasirox Tab For Oral Susp 125 MG | | 42.05942 | |
| EXJADE TAB 250MG | Deferasirox Tab For Oral Susp 250 MG | | 84.11718 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| EXJADE TAB 500MG | Deferasirox Tab For Oral Susp 500 MG | | 168.23104 | |
| FERRIPROX TAB 500MG | Deferiprone Tab 500 MG | | 63.37618 | |
| FIRMAGON INJ 80MG | Degarelix Acetate For Inj 80 MG (Base Equiv) | | 486.49620 | |
| XGEVA INJ | Denosumab Inj 120 MG/1.7ML | | 1941.11230 | |
| TECFIDERA CAP 120MG | Dimethyl Fumarate Capsule Delayed Release 120 MG | | 129.60806 | |
| TECFIDERA CAP 240MG | Dimethyl Fumarate Capsule Delayed Release 240 MG | | 142.60907 | |
| TIVICAY TAB 50MG | Dolutegravir Sodium Tab 50 MG (Base Equiv) | | 75.33513 | |
| PULMOZYME SOL 1MG/ML | Dornase Alfa Inhal Soln 2.5 MG/2.5ML | | 51.55433 | |
| PROMACTA TAB 12.5MG | Eltrombopag Olamine Tab 12.5 MG (Base Equiv) | | 163.55880 | |
| PROMACTA TAB 25MG | Eltrombopag Olamine Tab 25 MG (Base Equiv) | | 163.55880 | |
| PROMACTA TAB 50MG | Eltrombopag Olamine Tab 50 MG (Base Equiv) | | 295.98920 | |
| VITEKTA TAB 150MG | Elvitegravir Tab 150 MG | | 39.98774 | |
| VITEKTA TAB 85MG | Elvitegravir Tab 85 MG | | 39.98774 | |
| HEMLIBRA INJ 105/0.7 | Emicizumab-kxwh Subcutaneous Soln 105 MG/0.7ML (150 MG/ML) | | 17056.59429 | |
| HEMLIBRA INJ 150/ML | Emicizumab-kxwh Subcutaneous Soln 150 MG/ML | | 17056.58400 | |
| HEMLIBRA INJ 30MG/ML | Emicizumab-kxwh Subcutaneous Soln 30 MG/ML | | 3411.31500 | |
| HEMLIBRA INJ 60/0.4 | Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML) | | 17056.57500 | |
| EMTRIVA CAP 200MG | Emtricitabine Caps 200 MG | | 17.81246 | |
| COMPLERA TAB | Emtricitabine-Rilpivirine-Tenofovir DF Tab 200-25-300 MG | | 93.36272 | |
| TRUVADA TAB | Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG | | 58.36228 | |
| TRUVADA TAB 200-300 | Emtricitabine-Tenofovir Disoproxil Fumarate Tab 200-300 MG | | 58.36228 | |
| ENTECAVIR TAB 0.5MG | Entecavir Tab 0.5 MG | 0.27252 | 0.25158 | 10/1/2026 |
| ENTECAVIR TAB 1MG | Entecavir Tab 1 MG | | 0.45614 | |
| TARCEVA TAB 100MG | Erlotinib HCl Tab 100 MG (Base Equivalent) | | 248.07106 | |
| TARCEVA TAB 150MG | Erlotinib HCl Tab 150 MG (Base Equivalent) | | 280.58648 | |
| NEXPLANON IMP 68MG | Etonogestrel Subdermal Implant 68 MG | | 1030.64000 | |
| NEXPLANON IMP 68MG | Etonogestrel Subdermal Implant 68 MG | | 1275.36000 | |
| AFINITOR TAB 10MG | Everolimus Tab 10 MG | | 558.67632 | |
| AFINITOR TAB 5MG | Everolimus Tab 5 MG | | 558.71011 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| AFINITOR DIS TAB 2MG | Everolimus Tab for Oral Susp 2 MG | | 531.48552 | |
| AFINITOR DIS TAB 3MG | Everolimus Tab for Oral Susp 3 MG | | 536.80878 | |
| AFINITOR DIS TAB 5MG | Everolimus Tab for Oral Susp 5 MG | | 558.71011 | |
| PROFILNINE INJ 1000UNIT | Factor IX Complex For Inj 1000 Unit | | 0.58220 | |
| PROFILNINE INJ 1000UNIT | Factor IX Complex For Inj 1000 Unit | | 0.61713 | |
| PROFILNINE INJ 1500UNIT | Factor IX Complex For Inj 1500 Unit | | 0.58220 | |
| PROFILNINE INJ 1500UNIT | Factor IX Complex For Inj 1500 Unit | | 0.61713 | |
| BEBULIN INJ 200-1200 | Factor IX Complex For Inj 200-1200 Unit | | 0.90350 | |
| PROFILNINE INJ 500UNIT | Factor IX Complex For Inj 500 Unit | | 0.58220 | |
| PROFILNINE INJ 500UNIT | Factor IX Complex For Inj 500 Unit | | 0.61713 | |
| CORIFACT KIT | Factor XIII Concentrate (Human) For Inj Kit 1000-1600 Unit | | 7.16560 | |
| FIBRYGA INJ 1GM | Fibrinogen Concentrate (Human) For IV Soln 1 GM | | 0.99000 | |
| RIASTAP SOL 1GM | Fibrinogen Concentrate (Human) For IV Soln 1 GM | | 1.20000 | |
| DIFICID TAB 200MG | Fidaxomicin Tab 200 MG | | 249.48010 | |
| NEUPOGEN INJ 300MCG | Filgrastim Inj 300 MCG/ML | | 313.57068 | |
| NEUPOGEN INJ 480MCG | Filgrastim Inj 480 MCG/1.6ML (300 MCG/ML) | | 312.07792 | |
| NEUPOGEN INJ 300/0.5 | Filgrastim Soln Prefilled Syringe 300 MCG/0.5ML | | 664.74036 | |
| NEUPOGEN INJ 480/0.8 | Filgrastim Soln Prefilled Syringe 480 MCG/0.8ML (600 MCG/ML) | | 636.01204 | |
| GILENYA CAP 0.5MG | Fingolimod HCl Cap 0.5 MG (Base Equiv) | | 272.59325 | |
| COPAXONE INJ 40MG/ML | Glatiramer Acetate Soln Prefilled Syringe 40 MG/ML | | 484.05600 | |
| SIMPONI INJ 50/0.5ML | Golimumab Subcutaneous Soln Auto-injector 50 MG/0.5ML | | 9579.56784 | |
| SIMPONI INJ 50/0.5ML | Golimumab Subcutaneous Soln Prefilled Syringe 50 MG/0.5ML | | 12740.68848 | |
| ZOLADEX IMP 10.8MG | Goserelin Acetate Implant 10.8 MG | | 1898.12700 | |
| ZOLADEX IMP 3.6MG | Goserelin Acetate Implant 3.6 MG | | 667.42180 | |
| VANTAS KIT 50MG | Histrelin Acetate Implant Kit 50 MG | | 4211.40672 | |
| ZEVALIN KIT Y-90 | Ibritumomab Tiuxetan for Yttrium-90 (Y-90) Kit 3.2 MG/2ML | | 43608.24900 | |
| VENTAVIS SOL 10MCG/ML | Iloprost Inhalation Solution 10 MCG/ML | | 134.16120 | |
| VENTAVIS SOL 20MCG/ML | Iloprost Inhalation Solution 20 MCG/ML | | 134.16120 | |
| GLEEVEC TAB 400MG | Imatinib Mesylate Tab 400 MG (Base Equivalent) | | 336.06467 | |
| IMATINIB MES TAB 400MG | Imatinib Mesylate Tab 400 MG (Base Equivalent) | | 2.36134 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| GAMMAGARD INJ 1GM/10ML | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML | | 8.89895 | |
| GAMMAKED INJ 1GM/10ML | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML | | 8.89895 | |
| GAMUNEX-C INJ 1GM/10ML | Immune Globulin (Human) IV or Subcutaneous Soln 1 GM/10ML | | 8.89895 | |
| GAMMAGARD INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 8.89895 | |
| GAMMAKED INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 8.89895 | |
| GAMUNEX-C INJ 10GM/100 | Immune Globulin (Human) IV or Subcutaneous Soln 10 GM/100ML | | 8.89895 | |
| GAMMAGARD INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 8.89895 | |
| GAMMAKED INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 8.89895 | |
| GAMUNEX-C INJ 2.5GM/25 | Immune Globulin (Human) IV or Subcutaneous Soln 2.5 GM/25ML | | 8.89895 | |
| GAMMAGARD INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 8.89895 | |
| GAMMAKED INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 8.89895 | |
| GAMUNEX-C INJ 20GM/200 | Immune Globulin (Human) IV or Subcutaneous Soln 20 GM/200ML | | 8.89895 | |
| GAMMAGARD INJ 30GM/300 | Immune Globulin (Human) IV or Subcutaneous Soln 30 GM/300ML | | 8.89895 | |
| GAMUNEX-C INJ 40/400ML | Immune Globulin (Human) IV or Subcutaneous Soln 40 GM/400ML | | 8.04000 | |
| GAMMAGARD INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 8.89895 | |
| GAMMAKED INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 8.89895 | |
| GAMUNEX-C INJ 5GM/50ML | Immune Globulin (Human) IV or Subcutaneous Soln 5 GM/50ML | | 8.89895 | |
| FLEBOGAMMA INJ DIF 5% | Immune Globulin (Human) IV Soln 0.5 GM/10ML | | 6.91373 | |
| GAMUNEX INJ 10% | Immune Globulin (Human) IV Soln 10 GM/100ML | | 8.31000 | |
| OCTAGAM INJ 10/100ML | Immune Globulin (Human) IV Soln 10 GM/100ML | | 8.31000 | |
| FLEBOGAMMA INJ 10/200ML | Immune Globulin (Human) IV Soln 10 GM/200ML | | 7.59101 | |
| GAMMAPLEX INJ 10GM | Immune Globulin (Human) IV Soln 10 GM/200ML | | 7.59101 | |
| OCTAGAM INJ 10GM | Immune Globulin (Human) IV Soln 10 GM/200ML | | 7.59101 | |
| FLEBOGAMMA INJ DIF 5% | Immune Globulin (Human) IV Soln 2.5 GM/50ML | | 6.91373 | |
| GAMMAPLEX INJ 2.5GM | Immune Globulin (Human) IV Soln 2.5 GM/50ML | | 6.91373 | |
| OCTAGAM INJ 2.5GM | Immune Globulin (Human) IV Soln 2.5 GM/50ML | | 6.91373 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| GAMUNEX INJ 10% | Immune Globulin (Human) IV Soln 20 GM/200ML | | 8.31000 | |
| OCTAGAM INJ 20/200ML | Immune Globulin (Human) IV Soln 20 GM/200ML | | 8.31000 | |
| FLEBOGAMMA INJ 20/400ML | Immune Globulin (Human) IV Soln 20 GM/400ML | | 7.59101 | |
| GAMMAPLEX INJ 20GM | Immune Globulin (Human) IV Soln 20 GM/400ML | | 7.59101 | |
| FLEBOGAMMA INJ DIF 5% | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |
| GAMMAPLEX INJ 5GM | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |
| OCTAGAM INJ 5GM | Immune Globulin (Human) IV Soln 5 GM/100ML | | 7.59101 | |
| OCTAGAM INJ 5GM/50ML | Immune Globulin (Human) IV Soln 5 GM/50ML | | 8.31000 | |
| HIZENTRA INJ 1GM/5ML | Immune Globulin (Human) Subcutaneous Inj 1 GM/5ML | | 19.22200 | |
| HIZENTRA INJ 2GM/10ML | Immune Globulin (Human) Subcutaneous Inj 2 GM/10ML | | 19.00000 | |
| HIZENTRA INJ 4GM/20ML | Immune Globulin (Human) Subcutaneous Inj 4 GM/20ML | | 19.22200 | |
| REMICADE INJ 100MG | Infliximab For IV Inj 100 MG | | 1067.19408 | |
| REBIF REBIDO INJ TITRATN | Interferon Beta-1a Auto-inj 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML | | 1804.09749 | |
| AVONEX KIT 30MCG | Interferon Beta-1a For IM Inj Kit 30MCG (33MCG(6.6 MU)/Vial) | | 1724.51175 | |
| AVONEX PEN KIT 30MCG | Interferon Beta-1a IM Auto-Injector Kit 30 MCG/0.5ML | | 6898.04700 | |
| AVONEX PREFL KIT 30MCG | Interferon Beta-1a IM Prefilled Syringe Kit 30 MCG/0.5ML | | 6898.04700 | |
| REBIF TITRTN INJ PACK | Interferon Beta-1a Pref Syr 6X8.8 MCG/0.2ML & 6X22 MCG/0.5ML | | 1804.09749 | |
| REBIF REBIDO INJ 22/0.5 | Interferon Beta-1a Soln Auto-Inj 22 MCG/0.5ML | | 1262.86824 | |
| REBIF REBIDO INJ 44/0.5 | Interferon Beta-1a Soln Auto-inj 44 MCG/0.5ML | | 1262.86824 | |
| REBIF INJ 22/0.5 | Interferon Beta-1a Soln Pref Syr 22 MCG/0.5ML | | 1262.86824 | |
| REBIF INJ 44/0.5 | Interferon Beta-1a Soln Pref Syr 44 MCG/0.5ML | | 1262.86824 | |
| BETASERON INJ 0.3MG | Interferon Beta-1b For Inj Kit 0.3 MG | | 540.46161 | |
| EXTAVIA INJ 0.3MG | Interferon Beta-1b For Inj Kit 0.3 MG | | 540.46161 | |
| KALYDECO TAB 150MG | Ivacaftor Tab 150 MG | | 425.86318 | |
| TYKERB TAB 250MG | Lapatinib Ditosylate Tab 250 MG (Base Equiv) | | 52.57439 | |
| HARVONI TAB 90-400MG | Ledipasvir-Sofosbuvir Tab 90-400 MG | | 1098.93750 | |
| LUPR DEP-PED INJ 11.25MG | Leuprolide Acetate (3 Month) For Inj Pediatric Kit 11.25 MG | | 8486.11920 | |
| LUPR DEP-PED INJ 3M 30MG | Leuprolide Acetate (3 Month) For Inj Pediatric Kit 30 MG | | 9346.59348 | |
| LEUPROLIDE INJ 1MG/0.2 | Leuprolide Acetate Inj Kit 1 MG/0.2ML (5 MG/ML) | | 263.20000 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| LILETTA IUD 52MG | Levonorgestrel IUD 20.1 MCG/DAY (Initial) (52 MG Total) | | 978.32000 | |
| MIRENA IUD SYSTEM | Levonorgestrel IUD 21 MCG/DAY (Initial) (52 MG Total) | | 1272.44000 | |
| SKYLA IUD 13.5MG | Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total) | | 1059.52000 | |
| KYLEENA IUD 19.5MG | Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total) | | 1272.44000 | |
| LINEZOLID TAB 600MG | Linezolid Tab 600 MG | | 1.00000 | |
| GLEOSTINE CAP 40MG | Lomustine Cap 40 MG | | 362.43444 | |
| LOMUSTINE CAP 40MG | Lomustine Cap 40 MG | | 332.51460 | |
| OPSUMIT TAB 10MG | Macitentan Tab 10 MG | | 320.48292 | |
| INCRELEX INJ 40MG/4ML | Mecasermin Inj 40 MG/4ML (10 MG/ML) | | 1111.53600 | |
| RELISTOR INJ 12/0.6ML | Methylnaltrexone Bromide Inj 12 MG/0.6ML (20 MG/ML) | | 191.79640 | |
| RELISTOR KIT 12/0.6ML | Methylnaltrexone Bromide Inj Kit 12 MG/0.6ML | | 59.31180 | |
| ZAVESCA CAP 100MG | Miglustat Cap 100 MG | | 296.80800 | |
| VIVITROL INJ 380MG | Naltrexone For IM Extended Release Susp 380 MG | | 1540.81000 | |
| TYSABRI INJ 300/15ML | Natalizumab for IV Inj Conc 300 MG/15ML | | 439.57929 | |
| SANDOSTATIN KIT LAR 20MG | Octreotide Acetate For IM Inj Kit 20 MG | | 4247.68104 | |
| SANDOSTATIN KIT LAR 30MG | Octreotide Acetate For IM Inj Kit 30 MG | | 6360.59544 | |
| ZYPREXA RELP INJ 210MG | Olanzapine Pamoate For Extended Rel IM Susp 210 MG (Base Eq) | | 587.32128 | |
| ZYPREXA RELP INJ 300MG | Olanzapine Pamoate For Extended Rel IM Susp 300 MG (Base Eq) | | 839.03040 | |
| ZYPREXA RELP INJ 405MG | Olanzapine Pamoate For Extended Rel IM Susp 405 MG (Base Eq) | | 1132.69104 | |
| VIEKIRA PAK TAB | Ombitas-Paritapre-Riton & Dasab Tab Pak 12.5-75-50 & 250 MG | | 246.98131 | |
| BOTOX COSMET INJ 50UNIT | OnabotulinumtoxinA (Cosmetic) For Inj 50 Unit | | 329.67600 | |
| BOTOX INJ 200UNIT | OnabotulinumtoxinA For Inj 200 Unit | | 1197.19200 | |
| SYNAGIS INJ 100MG/ML | Palivizumab IM Soln 100 MG/ML | | 3145.12520 | |
| SYNAGIS INJ 50MG | Palivizumab IM Soln 50 MG/0.5ML | | 3331.20110 | |
| ALOXI INJ 0.25MG/5 | Palonosetron HCl IV Soln 0.25 MG/5ML (Base Equivalent) | | 90.23760 | |
| ZENPEP CAP 10000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 10000-32000-42000 Unit | | 3.53320 | |
| PANCREAZE CAP 10500UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 10500-35500-61500 Unit | | 2.99699 | |
| CREON CAP 12000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit | | 3.36280 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| ZENPEP CAP 15000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 15000-47000-63000 Unit | | 4.61355 | |
| PERTZYE CAP 16000U | Pancrelipase (Lip-Prot-Amyl) DR Cap 16000-57500-60500 Unit | | 4.65068 | |
| PANCREAZE CAP 16800UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 16800-56800-98400 Unit | | 4.81236 | |
| PANCREAZE CAP 21000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 21000-54700-83900 Unit | | 5.99399 | |
| CREON CAP 24000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-76000-120000 Unit | | 7.87046 | |
| PERTZYE CAP 24000U | Pancrelipase (Lip-Prot-Amyl) DR Cap 24000-86250-90750 Unit | | 6.97602 | |
| ZENPEP CAP 25000 | Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit | | 9.78712 | |
| ZENPEP CAP 25000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 25000-79000-105000 Unit | | 9.78712 | |
| PANCREAZE CAP | Pancrelipase (Lip-Prot-Amyl) DR Cap 2600-6200-10850 Unit | | 0.74151 | |
| ZENPEP CAP 3000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-10000-14000 Unit | | 1.77275 | |
| CREON CAP 3000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 3000-9500-15000 Unit | | 1.26377 | |
| CREON CAP 36000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 36000-114000-180000 Unit | | 12.36000 | |
| ZENPEP CAP 40000 | Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit | | 15.52850 | |
| ZENPEP CAP 40000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 40000-126000-168000 Unit | | 15.52850 | |
| PERTZYE CAP 4000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 4000-14375-15125 Unit | | 1.55688 | |
| PANCREAZE CAP 4200UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 4200-14200-24600 Unit | | 1.19860 | |
| ZENPEP CAP 5000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 5000-17000-24000 Unit | | 1.61331 | |
| CREON CAP 6000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 6000-19000-30000 Unit | | 1.49220 | |
| PERTZYE CAP 8000UNIT | Pancrelipase (Lip-Prot-Amyl) DR Cap 8000-28750-30250 Unit | | 2.32534 | |
| VIOKACE TAB 10440 | Pancrelipase (Lip-Prot-Amyl) Tab 10440-39150-39150 Unit | | 2.93292 | |
| VIOKACE TAB 20880 | Pancrelipase (Lip-Prot-Amyl) Tab 20880-78300-78300 Unit | | 5.78630 | |
| FARYDAK CAP 10MG | Panobinostat Lactate Cap 10 MG (Base Equivalent) | | 1351.22838 | |
| FARYDAK CAP 15MG | Panobinostat Lactate Cap 15 MG (Base Equivalent) | | 1351.22838 | |
| FARYDAK CAP 20MG | Panobinostat Lactate Cap 20 MG (Base Equivalent) | | 1351.22838 | |
| VOTRIENT TAB 200MG | Pazopanib HCl Tab 200 MG (Base Equiv) | | 108.55172 | |
| NEULASTA INJ 6MG/0.6M | Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML | | 9977.97501 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| PEGASYS INJ 180MCG/M | Peginterferon alfa-2a Inj 180 MCG/ML | | 1017.40404 | |
| PEGASYS KIT | Peginterferon alfa-2a Inj Kit 180 MCG/0.5ML | | 3287.83584 | |
| PEGINTRON KIT 120MCG | Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML | | 825.90312 | |
| PEG-INTRON KIT 120 RP | Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML | | 825.90312 | |
| PEG-INTRON KIT 120MCG | Peginterferon alfa-2b For Inj Kit 120 MCG/0.5ML | | 825.90312 | |
| PEGINTRON KIT 150MCG | Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML | | 867.21720 | |
| PEG-INTRON KIT 150 RP | Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML | | 867.21720 | |
| PEG-INTRON KIT 150MCG | Peginterferon alfa-2b For Inj Kit 150 MCG/0.5ML | | 867.21720 | |
| PEGINTRON KIT 50MCG | Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML | | 749.16132 | |
| PEG-INTRON KIT 50MCG | Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML | | 749.16132 | |
| PEG-INTRON KIT 50MCG RP | Peginterferon alfa-2b For Inj Kit 50 MCG/0.5ML | | 749.16132 | |
| PLEGRIDY INJ STARTER | Peginterferon Beta-1a Soln Pref Syr 63 & 94 MCG/0.5ML Pack | | 6898.04700 | |
| PLEGRIDY INJ | Peginterferon Beta-1a Soln Prefilled Syringe 125 MCG/0.5ML | | 6898.04700 | |
| POMALYST CAP 1MG | Pomalidomide Cap 1 MG | | 816.08575 | |
| POMALYST CAP 2MG | Pomalidomide Cap 2 MG | | 816.08575 | |
| POMALYST CAP 3MG | Pomalidomide Cap 3 MG | | 816.08575 | |
| POMALYST CAP 4MG | Pomalidomide Cap 4 MG | | 816.08588 | |
| MATULANE CAP 50MG | Procarbazine HCl Cap 50 MG | | 98.50440 | |
| CRINONE GEL 8% VAG | Progesterone Vaginal Gel 8% | | 26.45376 | |
| KCENTRA KIT 1000UNIT | Prothrombin Complex Conc Human For Inj Kit 1000 Unit | | 2.45000 | |
| KCENTRA KIT 500UNIT | Prothrombin Complex Conc Human For Inj Kit 500 Unit | | 2.45000 | |
| XOFIGO INJ 1100KBQ | Radium Ra 223 Dichloride Inj 30 microcurie/ML (1100 kBq/ML) | | 24284.91020 | |
| CYRAMZA INJ 100/10ML | Ramucirumab IV Soln 100 MG/10ML (For Infusion) | | 115.03800 | |
| CYRAMZA INJ 500/50ML | Ramucirumab IV Soln 500 MG/50ML (For Infusion) | | 115.03800 | |
| RILUTEK TAB 50MG | Riluzole Tab 50 MG | | 51.07770 | |
| RILUZOLE TAB 50MG | Riluzole Tab 50 MG | | 0.28500 | |
| UPTRAVI TAB 1000MCG | Selexipag Tab 1000 MCG | | 290.47344 | |
| UPTRAVI TAB 1200MCG | Selexipag Tab 1200 MCG | | 290.47344 | |
| UPTRAVI TAB 1400MCG | Selexipag Tab 1400 MCG | | 290.47344 | |

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| UPTRAVI TAB 1600MCG | Selexipag Tab 1600 MCG | | 290.47344 | |
| UPTRAVI TAB 200MCG | Selexipag Tab 200 MCG | | 186.77988 | |
| UPTRAVI TAB 400MCG | Selexipag Tab 400 MCG | | 290.47344 | |
| UPTRAVI TAB 600MCG | Selexipag Tab 600 MCG | | 290.47344 | |
| UPTRAVI TAB 800MCG | Selexipag Tab 800 MCG | | 290.47344 | |
| UPTRAVI TAB 200/800 | Selexipag Tab Therapy Pack 200 MCG (140) & 800 MCG (60) | | 130.74492 | |
| REVATIO TAB 20MG | Sildenafil Citrate Tab 20 MG | | 47.49924 | |
| SILDENAFIL TAB 20MG | Sildenafil Citrate Tab 20 MG | | 0.07400 | |
| OLYSIO CAP 150MG | Simeprevir Sodium Cap 150 MG (Base Equivalent) | | 786.84000 | |
| SIROLIMUS TAB 1MG | Sirolimus Tab 1 MG | | 2.77120 | |
| BUPHENYL POW | Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful | | 54.29196 | |
| PHENYLBUTYRA POW SODIUM | Sodium Phenylbutyrate Oral Powder 3 GM/Teaspoonful | | 18.03447 | |
| SOVALDI TAB 400MG | Sofosbuvir Tab 400 MG | | 996.00000 | |
| SAIZEN INJ 5MG | Somatropin (Non-Refrigerated) For Inj 5 MG | | 617.90844 | |
| SAIZEN INJ 8.8MG | Somatropin (Non-Refrigerated) For Inj 8.8 MG | | 988.65948 | |
| SEROSTIM INJ 4MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 4 MG | | 345.87096 | |
| SEROSTIM INJ 5MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 5 MG | | 432.33372 | |
| SEROSTIM INJ 6MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 6 MG | | 518.80075 | |
| ZORBTIVE INJ 8.8MG | Somatropin (Non-Refrigerated) For Subcutaneous Inj 8.8 MG | | 1274.78894 | |
| GENOTROPIN INJ 0.8MG | Somatropin For Inj 0.8 MG | | 110.69117 | |
| NUTROPIN INJ 10MG | Somatropin For Inj 10 MG | | 577.68000 | |
| NUTROPIN INJ 2 X 10MG | Somatropin For Inj 10 MG | | 577.68000 | |
| ZOMACTON INJ 10MG | Somatropin For Inj 10 MG | | 577.68000 | |
| HUMATROPE INJ 5MG | Somatropin For Inj 5 MG | | 635.44800 | |
| OMNITROPE INJ 5.8MG | Somatropin For Inj 5.8 MG | | 313.78482 | |
| NUTROPIN INJ | Somatropin For Subcutaneous Inj 5 MG | | 620.94000 | |
| NUTROPIN INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 620.94000 | |
| TEV-TROPIN INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 620.94000 | |
| ZOMACTON INJ 5MG | Somatropin For Subcutaneous Inj 5 MG | | 620.94000 | |
| NORDITROPIN INJ 10/1.5ML | Somatropin Inj 10 MG/1.5ML | | 828.20720 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| NORDITROPIN INJ 15/1.5ML | Somatropin Inj 15 MG/1.5ML | | 1242.31080 | |
| NUTROPIN AQ INJ 20MG/2ML | Somatropin Inj 20 MG/2ML | | 1252.31064 | |
| NORDITROPIN INJ 30/3ML | Somatropin Inj 30 MG/3ML | | 1242.31080 | |
| NORDITROPIN INJ 5/1.5ML | Somatropin Inj 5 MG/1.5ML | | 414.10360 | |
| NUTROPIN AQ INJ 10MG/2ML | Somatropin Inj 5 MG/ML | | 626.16030 | |
| NUTROPIN AQ INJ 5MG/ML | Somatropin Inj 5 MG/ML | | 626.16030 | |
| NEXAVAR TAB 200MG | Sorafenib Tosylate Tab 200 MG (Base Equivalent) | | 159.61896 | |
| SUTENT CAP 12.5MG | Sunitinib Malate Cap 12.5 MG (Base Equivalent) | | 182.57249 | |
| SUTENT CAP 25MG | Sunitinib Malate Cap 25 MG (Base Equivalent) | | 365.14569 | |
| SUTENT CAP 50MG | Sunitinib Malate Cap 50 MG (Base Equivalent) | | 635.66712 | |
| INCIVEK TAB 375MG | Telaprevir Tab 375 MG | | 130.73507 | |
| TEMOZOLOMIDE CAP 100MG | Temozolomide Cap 100 MG | | 6.46000 | |
| TEMOZOLOMIDE CAP 140MG | Temozolomide Cap 140 MG | | 11.93613 | |
| TEMOZOLOMIDE CAP 180MG | Temozolomide Cap 180 MG | | 27.78000 | |
| TEMOZOLOMIDE CAP 20MG | Temozolomide Cap 20 MG | | 4.07143 | |
| TEMOZOLOMIDE CAP 250MG | Temozolomide Cap 250 MG | | 21.90000 | |
| TORISEL SOL 25MG/ML | Temsirolimus Soln For IV Infusion 25 MG/ML | | 1762.51164 | |
| VIREAD TAB 150MG | Tenofovir Disoproxil Fumarate Tab 150 MG | | 36.80220 | |
| VIREAD TAB 200MG | Tenofovir Disoproxil Fumarate Tab 200 MG | | 36.80220 | |
| VIREAD TAB 250MG | Tenofovir Disoproxil Fumarate Tab 250 MG | | 36.80220 | |
| EGRIFTA SOL 1MG | Tesamorelin Acetate For Inj 1 MG (Base Equiv) | | 87.98000 | |
| TETRABENAZIN TAB 12.5MG | Tetrabenazine Tab 12.5 MG | | 1.83349 | |
| TETRABENAZIN TAB 25MG | Tetrabenazine Tab 25 MG | | 26.52000 | |
| THALOMID CAP 100MG | Thalidomide Cap 100 MG | | 276.29822 | |
| THALOMID CAP 150MG | Thalidomide Cap 150 MG | | 295.43067 | |
| THALOMID CAP 200MG | Thalidomide Cap 200 MG | | 314.57592 | |
| THALOMID CAP 50MG | Thalidomide Cap 50 MG | | 170.21817 | |
| TABLOID TAB 40MG | Thioguanine Tab 40 MG | | 25.17609 | |
| THYROGEN INJ 1.1MG | Thyrotropin Alfa For Inj 1.1 MG | | 1618.99800 | |
| TOBI PODHALR CAP 28MG | Tobramycin Inhal Cap 28 MG | | 45.07149 | |

Last Refreshed: 10/05/2026

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

Data as of 10/5/2026

Claims will be reimbursed at the lower of NADAC, WAC Based, State MAC, Federal Upper Limit (FUL), or Usual and Customary Charge

| Label Name | Generic Name | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|---|---|---|---|---|
| KITABIS PAK NEB 300/5ML | Tobramycin Nebu Soln 300 MG/5ML | | 26.10163 | |
| TOBI NEB 300/5ML | Tobramycin Nebu Soln 300 MG/5ML | | 26.10163 | |
| TOBRAMYCIN NEB 300/5ML | Tobramycin Nebu Soln 300 MG/5ML | | 1.82850 | |
| ACTEMRA INJ 400/20ML | Tocilizumab IV Inj 400 MG/20ML | | 111.48477 | |
| ACTEMRA INJ 80MG/4ML | Tocilizumab IV Inj 80 MG/4ML | | 111.48477 | |
| MEKINIST TAB 0.5MG | Trametinib Dimethyl Sulfoxide Tab 0.5 MG (Base Equivalent) | | 110.43416 | |
| DERMA SILKRX KIT SDS PAK | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| DERMACINRX KIT SILAPAK | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| DERMAWERX PAK SDS | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| NUTRIARX KIT CREAMPAK | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| SANADERMRX KIT SKIN REP | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| SURE RESULT KIT TAC PAK | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| TRI-SILA KIT 0.1-5% | Triamcinolone Acet Cr 0.1% & Dimeth Cr 5% & Silicone Tape* | | 5158.51300 | |
| TRELSTAR INJ 11.25MG | Triptorelin Pamoate For IM Susp 11.25 MG | | 2429.95780 | |
| TRELSTAR MIX INJ 22.5MG | Triptorelin Pamoate For IM Susp 22.5 MG | | 4859.92390 | |
| TRELSTAR INJ 3.75MG | Triptorelin Pamoate For IM Susp 3.75 MG | | 809.98870 | |
| VALGANCICLOV TAB 450MG | Valganciclovir HCl Tab 450 MG (Base Equivalent) | | 1.89771 | |
| ZELBORAF TAB 240MG | Vemurafenib Tab 240 MG | | 45.03084 | |
| ERIVEDGE CAP 150MG | Vismodegib Cap 150 MG | | 394.49959 | |
| VONVENDI INJ 1300UNIT | Von Willebrand Factor (Recombinant) For Inj 1300 Unit | | 1.53700 | |
| VONVENDI INJ 650UNIT | Von Willebrand Factor (Recombinant) For Inj 650 Unit | | 1.53700 | |