

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

Data as of 1/26/2026

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            |                |

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| 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            |                |
| ALTUVIIIIO INJ 1000UNIT   | Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 1000 Unit   |                | 4.59000            |                |
| ALTUVIIIIO INJ 2000UNIT   | Antihemophilic Fact Rcmb Fc-VWF-XTEN-eh1 For Inj 2000 Unit   |                | 4.59000            |                |

# Illinois Department of Healthcare and Family Services

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| Label Name               | Generic Name                                                | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|-------------------------------------------------------------|----------------|--------------------|----------------|
| ALTUVIII O INJ 250 UNIT  | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehrl For Inj 250 Unit  |                | 4.59000            |                |
| ALTUVIII O INJ 250UNIT   | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehrl For Inj 250 Unit  |                | 4.59000            |                |
| ALTUVIII O INJ 3000UNIT  | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehrl For Inj 3000 Unit |                | 4.59000            |                |
| ALTUVIII O INJ 4000UNIT  | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehrl For Inj 4000 Unit |                | 4.59000            |                |
| ALTUVIII O INJ 500UNIT   | Antihemophilic Fact Rcmb Fc-VWF-XTEN-ehrl 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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| 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-rFVIIIIfc) For Inj 1000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 1000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 1000 Unit |                | 1.57000            |                |
| ELOCTATE INJ 1500UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 1500 Unit |                | 1.48000            |                |
| ELOCTATE INJ 1500UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 1500 Unit |                | 1.57000            |                |
| ELOCTATE INJ 2000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 2000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 2000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 2000 Unit |                | 1.57000            |                |
| ELOCTATE INJ 250UNIT     | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 250 Unit  |                | 1.48000            |                |
| ELOCTATE INJ 250UNIT     | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 250 Unit  |                | 1.57000            |                |
| ELOCTATE INJ 3000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 3000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 3000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 3000 Unit |                | 1.57000            |                |
| ELOCTATE INJ 4000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 4000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 4000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 4000 Unit |                | 1.57000            |                |
| ELOCTATE INJ 500UNIT     | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 500 Unit  |                | 1.48000            |                |
| ELOCTATE INJ 500UNIT     | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 500 Unit  |                | 1.57000            |                |
| ELOCTATE INJ 5000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 5000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 5000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 5000 Unit |                | 1.57000            |                |
| ELOCTATE INJ 6000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) For Inj 6000 Unit |                | 1.48000            |                |
| ELOCTATE INJ 6000UNIT    | Antihemophilic Factor Rcmb (BDD-rFVIIIIfc) 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-rFVIIIc) For Inj 750 Unit    |                | 1.48000            |                |
| ELOCTATE INJ 750UNIT     | Antihemophilic Factor Rcmb (BDD-rFVIIIc) 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            |                |

# Illinois Department of Healthcare and Family Services

## Specialty Drug State Maximum Allowable Cost (SMAC) List

### Generic and Multi-Source Brand Drugs

Data as of 1/26/2026

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 |
|-----------------------|------------------------------------------------------------|----------------|--------------------|----------------|
| 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            |                |

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

Data as of 1/26/2026

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 1/26/2026

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| 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**                                                 |                | 1139.00000         |                |
| 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           |                |

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

Data as of 1/26/2026

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**  
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**Generic and Multi-Source Brand Drugs**

Data as of 1/26/2026

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| 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) |                | 11829.81200        |                |
| HEMLIBRA INJ 150/ML  | Emicizumab-kxwh Subcutaneous Soln 150 MG/ML                |                | 11829.81200        |                |
| HEMLIBRA INJ 30MG/ML | Emicizumab-kxwh Subcutaneous Soln 30 MG/ML                 |                | 2365.97300         |                |
| HEMLIBRA INJ 60/0.4  | Emicizumab-kxwh Subcutaneous Soln 60 MG/0.4ML (150 MG/ML)  |                | 11829.81200        |                |
| 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            |                |
| 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                       |                | 1214.63000         |                |
| AFINITOR TAB 10MG    | Everolimus Tab 10 MG                                       |                | 558.67632          |                |
| AFINITOR TAB 5MG     | Everolimus Tab 5 MG                                        |                | 558.71011          |                |

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| 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 Conc (Human) Inj Approximately 1 GM (900-1300 MG) |                | 0.99000            |                |
| RIASTAP SOL 1GM         | Fibrinogen Conc (Human) Inj Approximately 1 GM (900-1300 MG) |                | 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    |                | 9579.56784         |                |
| 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          |                |

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

Data as of 1/26/2026

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| Label Name              | Generic Name                                                | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|-------------------------|-------------------------------------------------------------|----------------|--------------------|----------------|
| IMATINIB MES TAB 400MG  | Imatinib Mesylate Tab 400 MG (Base Equivalent)              |                | 2.36134            |                |
| 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            |                |

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Data as of 1/26/2026

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| Label Name   |                   | Generic Name                                                 | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------|-------------------|--------------------------------------------------------------|----------------|--------------------|----------------|
| OCTAGAM      | INJ 2.5GM         | Immune Globulin (Human) IV Soln 2.5 GM/50ML                  |                | 6.91373            |                |
| 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         |                |

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

Data as of 1/26/2026

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| Label Name               | Generic Name                                                 | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|--------------------------------------------------------------|----------------|--------------------|----------------|
| LEUPROLIDE INJ 1MG/0.2   | Leuprolide Acetate Inj Kit 1 MG/0.2ML (5 MG/ML)              |                | 263.20000          |                |
| MIRENA IUD SYSTEM        | Levonorgestrel IUD 20 MCG/DAY (Initial) (52 MG Total)        |                | 1214.63000         |                |
| LILETTA IUD 52MG         | Levonorgestrel IUD 20.1 MCG/DAY (Initial) (52 MG Total)      |                | 931.73000          |                |
| SKYLA IUD 13.5MG         | Levonorgestrel Releasing IUD 14 MCG/DAY (13.5 MG Total)      |                | 1011.38000         |                |
| KYLEENA IUD 19.5MG       | Levonorgestrel Releasing IUD 17.5 MCG/DAY (19.5 MG Total)    |                | 1214.63000         |                |
| 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            |                |

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Generic and Multi-Source Brand Drugs**

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| Label Name |              | Generic Name                                                 | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|------------|--------------|--------------------------------------------------------------|----------------|--------------------|----------------|
| CREON      | CAP 12000UNT | Pancrelipase (Lip-Prot-Amyl) DR Cap 12000-38000-60000 Unit   |                | 3.36280            |                |
| 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          |                |

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|------------|--------------|-------------------------------------------------------------|----------------|--------------------|----------------|
| NEULASTA   | INJ 6MG/0.6M | Pegfilgrastim Soln Prefilled Syringe 6 MG/0.6ML             |                | 9977.97501         |                |
| 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          |                |

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| Label Name   |              | Generic Name                                              | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------|--------------|-----------------------------------------------------------|----------------|--------------------|----------------|
| UPTRAVI      | TAB 1400MCG  | Selexipag Tab 1400 MCG                                    |                | 290.47344          |                |
| 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          |                |

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

Data as of 1/26/2026

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 10/1.5ML | Somatropin Inj 10 MG/1.5ML                      |                | 828.20720          |                |
| 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         |                |

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| Label Name               | Generic Name                                               | Old SMAC PRICE | Current SMAC Price | SMAC Effective |
|--------------------------|------------------------------------------------------------|----------------|--------------------|----------------|
| TOBI PODHALR CAP 28MG    | Tobramycin Inhal Cap 28 MG                                 |                | 45.07149           |                |
| 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)            |                | 1.89902            |                |
| 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            |                |

