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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

Data as of 10/19/2026

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

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

Data as of 10/19/2026

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
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	

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

Data as of 10/19/2026

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
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 10/19/2026

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 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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

Last Refreshed: 10/19/2026

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

Data as of 10/19/2026

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

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