

**PUBLIC NOTICE**  
**(SPA 17-003)**  
**Pharmacy Reimbursement**

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan Pages Attachment 4.19-B, Section 12, to outline the pharmacy reimbursement methodology as required by 42 CFR 447. This includes a revised reimbursement methodology for clotting factor products and services.

The filing of this SPA is pursuant to the Centers for Medicare & Medicaid Services, Covered Outpatient Drugs final rule CMS-2345.

This amendment will become effective April 1, 2017.

The annual estimated state fiscal impact of the change in the Pharmacy State Plan is:

- a. SFY 2017 (\$ 869,671)
- b. SFY 2018 (\$3,422,240)

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below:

Dave Richard  
Deputy Secretary  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501