

North Carolina Department of Health and Human Services
Non-340B State Maximum Allowable Cost (SMAC) Rate Listing for Clotting Factor Products

Product Group	SMAC Rate	Effective Date
ADVATE	\$1.09357	10/1/2017
ADYNOVATE	\$1.54810	10/1/2017
AFSTYLA	\$1.14500	10/1/2017
ALPHANATE	\$0.81323	10/1/2017
ALPHANINE	\$0.84500	4/1/2017
ALPROLIX	\$2.74116	10/1/2017
BEBULIN	\$1.03500	4/1/2017
BENEFIX	\$1.30649	10/1/2017
COAGADEX	No Rate on File	10/1/2017
CORIFACT	\$7.70500	4/1/2017
ELOCTATE	\$1.79398	10/1/2017
FEIBA	\$1.70304	10/1/2017
HELIXATE	\$0.94833	10/1/2017
HEMOFIL	\$0.89602	10/1/2017
HUMATE-P	\$0.86865	10/1/2017
IDELVION	\$3.77255	10/1/2017
IXINITY	\$1.23500	10/1/2017
KCENTRA	No Rate on File	10/1/2017
KOATE	\$0.81500	4/1/2017
KOGENATE	\$0.95656	10/1/2017
KOVALTRY	\$1.07416	10/1/2017
MONOCLATE-P	No Rate on File	10/1/2017
MONONINE	\$1.08500	10/1/2017
NOVOEIGHT	\$1.10166	10/1/2017
NOVOSEVEN	\$1.69266	10/1/2017
NUWIQ	\$1.18500	10/1/2017
OBIZUR	No Rate on File	10/1/2017
PROFILNINE	\$1.22500	4/1/2017
RECOMBINATE	\$1.08096	10/1/2017
RIXUBIS	\$1.12500	10/1/2017
TRETTEN	\$14.02230	4/1/2017
VONVENDI	No Rate on File	10/1/2017
WILATE	\$0.80501	10/1/2017
XYNTHA	\$1.04098	10/1/2017

*SMAC rates are calculated by adding \$0.055 to the calculated average acquisition cost.

*The per unit professional dispensing fee will be \$.04/unit for HTC pharmacies and \$.025/unit for all other pharmacies.

*Invoices were not received for those products with No Rate on File identified above. Claims for these products will be denied. Providers may contact the North Carolina Pharmacy Help Desk at 1-800-591-1183 or NCPharmacy@mslc.com and submit their invoice to establish a reimbursement rate.

*Surveys will be conducted semi-annually to adjust rates. Interim updates between surveys may be initiated by contacting the North Carolina Pharmacy Help Desk.