

**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	\$1.10125	4/1/2017
ADYNOVATE	\$1.55345	4/1/2017
AFSTYLA	\$1.14500	4/1/2017
ALPHANATE	\$0.80296	4/1/2017
ALPHANINE	\$0.84500	4/1/2017
ALPROLIX	\$2.71300	4/1/2017
BEBULIN	\$1.03500	4/1/2017
BENEFIX	\$1.32440	4/1/2017
COAGADEX	No Rate on File	4/1/2017
CORIFACT	\$7.70500	4/1/2017
ELOCTATE	\$1.77357	4/1/2017
FEIBA	\$1.71500	4/1/2017
HELIXATE	\$0.94260	4/1/2017
HEMOFIL	\$0.90500	4/1/2017
HUMATE-P	\$0.86950	4/1/2017
IDELVION	\$3.79500	4/1/2017
IXINITY	\$1.20500	4/1/2017
KCENTRA	No Rate on File	4/1/2017
KOATE	\$0.81500	4/1/2017
KOGENATE	\$0.96145	4/1/2017
KOVALTRY	\$1.07600	4/1/2017
MONOCLATE-P	No Rate on File	4/1/2017
MONONINE	\$1.06000	4/1/2017
NOVOEIGHT	\$1.10960	4/1/2017
NOVOSEVEN	\$1.70601	4/1/2017
NUWIQ	\$1.30500	4/1/2017
OBIZUR	No Rate on File	4/1/2017
PROFILNINE	\$1.22500	4/1/2017
RECOMBINATE	\$1.09588	4/1/2017
RIXUBIS	\$1.12500	4/1/2017
TRETTEN	\$14.02230	4/1/2017
VONVENDI	No Rate on File	4/1/2017
WILATE	\$0.79143	4/1/2017
XYNTHA	\$1.07397	4/1/2017

*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.