

**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	\$1.14188	1/1/2018
ADYNOVATE	\$1.59240	1/1/2018
AFSTYLA	\$1.14500	4/1/2017
ALPHANATE	\$0.81323	10/1/2017
ALPHANINE	\$0.84500	4/1/2017
ALPROLIX	\$2.72500	6/1/2018
BEBULIN	\$1.03500	4/1/2017
BENEFIX	\$1.28760	6/1/2018
COAGADEX	\$6.61500	6/1/2018
CORIFACT	\$7.70500	4/1/2017
ELOCTATE	\$1.83929	6/1/2018
FEIBA	\$1.70304	10/1/2017
HELIXATE	\$0.94833	10/1/2017
HEMLIBRA	No Rate on File	
HEMOFIL	\$0.89602	10/1/2017
HUMATE	\$0.90077	10/2/2017
IDELVION	\$3.93500	10/2/2017
IXINITY	\$1.23500	10/1/2017
KCENTRA	No Rate on File	
KOATE	\$0.81500	4/1/2017
KOGENATE	\$0.97457	1/5/2018
KOVALTRY	\$1.10000	1/5/2018
MONOCLATE-P	No Rate on File	
MONONINE	\$1.08500	10/1/2017
NOVOEIGHT	\$1.15500	2/6/2018
NOVOSEVEN	\$1.76389	10/3/2017
NUWIQ	\$1.18500	10/1/2017
OBIZUR	No Rate on File	
PROFILNINE	\$1.22500	4/1/2017
REBINYN	No Rate on File	
RECOMBINATE	\$1.11833	1/1/2018
RIXUBIS	\$1.14500	1/1/2018
TRETTEN	\$14.02230	4/1/2017
VONVENDI	\$1.96500	10/1/2017
WILATE	\$0.81960	6/1/2018
XYNTHA	\$1.05614	6/1/2018

*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 NCParmacy@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.