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

| Product Group | SMAC Rate | Effective Date |
|------------------------|----------------|----------------|
| ADVATE | \$1.37477 | 6/1/2024 |
| ADYNOVATE | \$1.94916 | 6/1/2024 |
| AFSTYLA | \$1.21655 | 12/1/2023 |
| ALPHANATE | \$0.94397 | 12/1/2023 |
| ALPHANINE | \$0.84500 | 4/1/2017 |
| ALPROLIX | \$3.32252 | 1/3/2024 |
| ALTUVIIIO | \$4.53811 | 6/1/2024 |
| BENEFIX | \$1.67769 | 6/1/2024 |
| COAGADEX | \$8.24500 | 12/1/2023 |
| CORIFACT | \$8.81870 | 10/1/2021 |
| ELOCTATE | \$2.25792 | 6/1/2024 |
| ESPEROCT | \$2.04833 | 6/1/2024 |
| FEIBA | \$2.05371 | 1/1/2024 |
| FIBRYGA | \$0.85400 | 6/1/2021 |
| HEMLIBRA 30 MG/ML | \$3,197.35111 | 6/1/2024 |
| HEMLIBRA 60 MG/0.4 ML | \$15,655.90500 | 6/1/2024 |
| HEMLIBRA 105 MG/0.7 ML | \$15,514.66779 | 6/1/2024 |
| HEMLIBRA 150 MG/ML | \$15,457.71091 | 6/1/2024 |
| HEMLIBRA 300 MG/2 ML | \$15,402.70000 | 1/9/2024 |
| HEMOFIL | \$1.07284 | 6/1/2024 |
| HUMATE | \$1.13638 | 6/1/2024 |
| IDELVION | \$4.84828 | 7/1/2024 |
| IXINITY | \$1.57100 | 6/1/2024 |
| JIVI | \$2.25341 | 6/1/2024 |
| KCENTRA | | e on File |
| KOATE | \$0.76388 | 12/1/2023 |
| KOGENATE | \$1.26833 | 12/1/2023 |
| KOVALTRY | \$1.36970 | 6/1/2024 |
| MONONINE | \$1.08500 | 10/1/2017 |
| NOVOEIGHT | \$1.39008 | 6/1/2024 |
| NOVOSEVEN | \$2.15655 | 6/1/2024 |
| NUWIQ | \$1.06871 | 6/1/2024 |
| OBIZUR | | e on File |
| PROFILNINE | \$1.22500 | 4/1/2017 |
| REBINYN | \$3.94447 | 12/1/2023 |
| RECOMBINATE | \$1.37091 | 6/1/2024 |
| RIASTAP | \$1.00802 | 12/1/2020 |
| RIXUBIS | \$1.36500 | 1/1/2024 |
| SEVENFACT | | e on File |
| TRETTEN | \$13.98100 | 1/8/2019 |
| VONVENDI | \$1.48500 | 12/1/2020 |
| WILATE | \$0.99780 | 6/1/2024 |
| XYNTHA | \$1.18500 | 6/1/2023 |

*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.

*Hemlibra SMAC rates are adjusted to compensate for the low dispensing fee based on the billing units of the product.

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