



Fiscal Year 2024

Hemophilia Assistance Program (HAP) Covered Products, Allowable Fees, Limitations and Requirements*

NDC Number	Product Name	Pricing Unit	HAP Rate
00026-3782-25	KOGENATE FS 250 UNIT VIAL	Per Unit	\$1.89
00026-3783-35	KOGENATE FS 500 UNIT VIAL	Per Unit	\$1.89
00026-3785-55	KOGENATE FS 1,000 UNITS VIAL	Per Unit	\$1.89
00026-3786-65	KOGENATE FS 2,000 UNIT VIAL	Per Unit	\$1.89
00026-3787-75	KOGENATE FS 3,000 UNITS VIAL	Per Unit	\$1.89
00026-3821-25	KOVALTRY 250 UNIT KIT	Per Unit	\$1.95
00026-3822-25	KOVALTRY 500 UNIT KIT	Per Unit	\$1.95
00026-3824-25	KOVALTRY 1,000 UNIT KIT	Per Unit	\$1.95
00026-3826-50	KOVALTRY 2,000 UNIT KIT	Per Unit	\$1.95
00026-3828-50	KOVALTRY 3,000 UNIT KIT	Per Unit	\$1.95
00026-3942-25	JIVI 500 UNIT VIAL	Per Unit	\$2.45
00026-3944-25	JIVI 1,000 UNIT VIAL	Per Unit	\$2.45
00026-3946-25	JIVI 2,000 UNIT VIAL	Per Unit	\$2.45
00026-3948-25	JIVI 3,000 UNIT VIAL	Per Unit	\$2.45



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00169-7013-01	TRETTEN 2,500 UNIT VIAL	Per Unit	\$17.19
00169-7201-01	NOVOSEVEN RT 1 MG VIAL	Per Unit	\$2.53
00169-7202-01	NOVOSEVEN RT 2 MG VIAL	Per Unit	\$2.53
00169-7205-01	NOVOSEVEN RT 5 MG VIAL	Per Unit	\$2.53
00169-7208-01	NOVOSEVEN RT 8 MG VIAL	Per Unit	\$2.53
00169-7810-01	NOVOEIGHT 1,000 UNIT VIAL	Per Unit	\$2.04
00169-7815-01	NOVOEIGHT 1,500 UNIT VIAL	Per Unit	\$2.04
00169-7820-01	NOVOEIGHT 2,000 UNIT VIAL	Per Unit	\$2.04
00169-7825-01	NOVOEIGHT 250 UNIT VIAL	Per Unit	\$2.04
00169-7830-01	NOVOEIGHT 3,000 UNIT VIAL	Per Unit	\$2.04
00169-7850-01	NOVOEIGHT 500 UNIT VIAL	Per Unit	\$2.04
00169-7901-01	REBINYN 1,000 UNIT VIAL	Per Unit	\$4.60
00169-7902-01	REBINYN 2,000 UNIT VIAL	Per Unit	\$4.60
00169-7905-01	REBINYN 500 UNIT VIAL	Per Unit	\$4.60
00169-8100-01	ESPEROCT 1,000 UNIT VIAL	Per Unit	\$2.41
00169-8150-01	ESPEROCT 1,500 UNIT VIAL	Per Unit	\$2.41
00169-8200-01	ESPEROCT 2,000 UNIT VIAL	Per Unit	\$2.41



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00169-8300-01	ESPEROCT 3,000 UNIT VIAL	Per Unit	\$2.41
00169-8500-01	ESPEROCT 500 UNIT VIAL	Per Unit	\$2.41
00944-2841-10	RECOMBINATE 220-400 UNIT VIAL	Per Unit	\$1.83
00944-2842-10	RECOMBINATE 401-800 UNIT VIAL	Per Unit	\$1.83
00944-2843-10	RECOMBINATE 801-1,240 UNIT VIAL	Per Unit	\$1.83
00944-2844-10	RECOMBINATE 1,241-1,800 UNIT VIAL	Per Unit	\$1.83
00944-2845-10	RECOMBINATE 1,801-2,400 UNIT VIAL	Per Unit	\$1.83
00944-3026-02	RIXUBIS 250 UNIT NOMINAL	Per Unit	\$1.73
00944-3028-02	RIXUBIS 500 UNIT NOMINAL	Per Unit	\$1.73
00944-3030-02	RIXUBIS 1,000 UNIT NOMINAL	Per Unit	\$1.73
00944-3032-02	RIXUBIS 2,000 UNIT NOMINAL	Per Unit	\$1.73
00944-3034-02	RIXUBIS 3,000 UNIT NOMINAL	Per Unit	\$1.73
00944-3045-10	ADVATE 1,801-2,400 UNIT VIAL	Per Unit	\$1.83
00944-3046-10	ADVATE 2,401-3,600 UNIT VIAL	Per Unit	\$1.83



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00944-3047-10	ADVATE 3,601-4,800 UNIT VIAL	Per Unit	\$1.83
00944-3051-02	ADVATE 200-400 UNIT VIAL	Per Unit	\$1.83
00944-3052-02	ADVATE 401-800 UNIT VIAL	Per Unit	\$1.83
00944-3053-02	ADVATE 801-1,200 UNIT VIAL	Per Unit	\$1.83
00944-3054-02	ADVATE 1,201-1,800 UNIT VIAL	Per Unit	\$1.83
00944-3940-02	HEMOFIL M 250 UNIT NOMINAL	Per Unit	\$1.53
00944-3942-02	HEMOFIL M 500 UNIT NOMINAL	Per Unit	\$1.53
00944-3944-02	HEMOFIL M 1,000 UNIT NOMINAL	Per Unit	\$1.53
00944-3946-02	HEMOFIL M 1,700 UNIT NOMINAL	Per Unit	\$1.53
00944-4622-01	ADYNOVATE 200-400 UNIT VIAL	Per Unit	\$2.34
00944-4623-01	ADYNOVATE 401-800 UNIT VIAL	Per Unit	\$2.34
00944-4624-01	ADYNOVATE 801-1,250 UNIT VIAL	Per Unit	\$2.34
00944-4625-01	ADYNOVATE 1,251-2,500 UNIT VIAL	Per Unit	\$2.34
00944-4626-01	ADYNOVATE 750 UNIT VIAL	Per Unit	\$2.34
00944-4627-01	ADYNOVATE 1,500 UNIT VIAL	Per Unit	\$2.34



NDC Number	Product Name	Pricing Unit	HAP Rate
0094-44628-01	ADYNOVATE 3,000 UNIT VIAL	Per Unit	\$2.34
00944-7551-02	VONVENDI 650 UNIT VIAL	Per Unit	\$2.02
00944-7553-02	VONVENDI 1,300 UNIT VIAL	Per Unit	\$2.02
50242-0920-01	HEMLIBRA 30 MG/ML VIAL	per mL	\$3,221.16
50242-0921-01	HEMLIBRA 60 MG/0.4 ML VIAL	per mL	\$16,105.80
50242-0922-01	HEMLIBRA 105 MG/0.7 ML VIAL	per mL	\$16,105.81
50242-0923-01	HEMLIBRA 150 MG/ML VIAL	per mL	\$16,105.81
58394-0012-01	XYNTHA 250 UNIT KIT	Per Unit	\$1.62
58394-0013-01	XYNTHA 500 UNIT KIT	Per Unit	\$1.62
58394-0014-01	XYNTHA 1,000 UNIT KIT	Per Unit	\$1.62
58394-0015-01	XYNTHA 2,000 UNIT KIT	Per Unit	\$1.62
58394-0016-03	XYNTHA SOLOFUSE 3,000 UNIT KIT	Per Unit	\$1.62
58394-0022-03	XYNTHA SOLOFUSE 250 UNIT KIT	Per Unit	\$1.62
58394-0023-03	XYNTHA SOLOFUSE 500 UNIT KIT	Per Unit	\$1.62
58394-0024-03	XYNTHA SOLOFUSE 1,000 UNIT KIT	Per Unit	\$1.62



NDC Number	Product Name	Pricing Unit	HAP Rate
58394-0025-03	XYNTHA SOLOFUSE 2,000 UNIT KIT	Per Unit	\$1.62
58394-0633-03	BENEFIX 250 UNIT RANGE	Per Unit	\$1.52
58394-0634-03	BENEFIX 500 UNIT RANGE	Per Unit	\$1.52
58394-0635-03	BENEFIX 1,000 UNIT RANGE	Per Unit	\$1.52
58394-0636-03	BENEFIX 2,000 UNIT RANGE	Per Unit	\$1.52
58394-0637-03	BENEFIX 3,000 UNIT RANGE	Per Unit	\$1.52
63833-0518-02	CORIFACT KIT	Per Unit	\$11.36
63833-0615-02	HUMATE-P 600 UNIT VWF:RCO	Per Unit	\$1.46
63833-0616-02	HUMATE-P 1,200 UNIT VWF:RCO	Per Unit	\$1.46
63833-0617-02	HUMATE-P 2,400 UNIT VWF:RCO	Per Unit	\$1.46
64193-0424-02	FEIBA NF 1,000 UNIT (NOMINAL)	Per Unit	\$2.51
64193-0425-02	FEIBA NF 2,500 UNIT (NOMINAL)	Per Unit	\$2.51
64193-0426-02	FEIBA NF 500 UNIT (NOMINAL)	Per Unit	\$2.51
64208-7752-01	COAGADEX 250 UNIT VIAL	Per Unit	\$10.47
64208-7753-01	COAGADEX 500 UNIT VIAL	Per Unit	\$10.47



NDC Number	Product Name	Pricing Unit	HAP Rate
68516-3207-01	PROFILNINE 500 UNIT VIAL	Per Unit	\$1.44
68516-3208-02	PROFILNINE 1,000 UNIT VIAL	Per Unit	\$1.44
68516-3607-02	ALPHANINE SD 500 UNIT VIAL	Per Unit	\$1.62
68516-3608-02	ALPHANINE SD 1,000 UNIT VIAL	Per Unit	\$1.62
68516-3609-02	ALPHANINE SD 1,500 UNIT VIAL	Per Unit	\$1.62
68516-4611-01	ALPHANATE 250-100 UNIT VIAL	Per Unit	\$1.33
68516-4612-01	ALPHANATE 500-200 UNIT VIAL	Per Unit	\$1.33
68516-4613-02	ALPHANATE 1,000-400 UNIT VIAL	Per Unit	\$1.33
68516-4614-02	ALPHANATE 1,500-600 UNIT VIAL	Per Unit	\$1.33
68516-4615-02	ALPHANATE 2,000-800 UNIT VIAL	Per Unit	\$1.33
68982-0139-01	NUWIQ 250 UNIT VIAL PACK	Per Unit	\$1.94
68982-0141-01	NUWIQ 500 UNIT VIAL PACK	Per Unit	\$1.94
68982-0143-01	NUWIQ 1,000 UNIT VIAL PACK	Per Unit	\$1.94
68982-0145-01	NUWIQ 2,000 UNIT VIAL PACK	Per Unit	\$1.94
68982-0147-01	NUWIQ 2,500 UNIT VIAL PACK	Per Unit	\$1.94



NDC Number	Product Name	Pricing Unit	HAP Rate
68982-0149-01	NUWIQ 3,000 UNIT VIAL PACK	Per Unit	\$1.94
68982-0151-01	NUWIQ 4,000 UNIT VIAL PACK	Per Unit	\$1.94
68982-0182-01	WILATE 500-500 UNIT VIAL	Per Unit	\$1.62
68982-0182-02	WILATE 1,000-1,000 UNIT VIAL	Per Unit	\$1.62
69911-0474-02	AFSTYLA 250 UNIT VIAL	Per Unit	\$1.78
69911-0475-02	AFSTYLA 500 UNIT VIAL	Per Unit	\$1.78
69911-0476-02	AFSTYLA 1,000 UNIT VIAL	Per Unit	\$1.78
69911-0477-02	AFSTYLA 2,000 UNIT VIAL	Per Unit	\$1.78
69911-0478-02	AFSTYLA 3,000 UNIT VIAL	Per Unit	\$1.78
69911-0864-02	IDELVION 250 UNIT RANGE VIAL	Per Unit	\$4.89
69911-0865-02	IDELVION 500 UNIT RANGE VIAL	Per Unit	\$4.89
69911-0866-02	IDELVION 1,000 UNIT RANGE VIAL	Per Unit	\$4.89
69911-0867-02	IDELVION 2,000 UNIT RANGE VIAL	Per Unit	\$4.89
69911-0869-02	IDELVION 3,500 UNIT RANGE VIAL	Per Unit	\$4.89
70504-0282-05	IXINITY 500 UNIT RANGE	Per Unit	\$1.96



NDC Number	Product Name	Pricing Unit	HAP Rate
70504-0283-05	IXINITY 1,000 UNIT RANGE	Per Unit	\$1.96
70504-0284-05	IXINITY 1,500 UNIT RANGE	Per Unit	\$1.96
70504-0289-05	IXINITY 3,000 UNIT RANGE	Per Unit	\$1.96
71104-0801-01	ELOCTATE 250 UNIT NOMINAL	Per Unit	\$2.43
71104-0802-01	ELOCTATE 500 UNIT NOMINAL	Per Unit	\$2.43
71104-0803-01	ELOCTATE 750 UNIT NOMINAL	Per Unit	\$2.43
71104-0804-01	ELOCTATE 1,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0805-01	ELOCTATE 1,500 UNIT NOMINAL	Per Unit	\$2.43
71104-0806-01	ELOCTATE 2,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0807-01	ELOCTATE 3,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0808-01	ELOCTATE 4,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0809-01	ELOCTATE 5,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0810-01	ELOCTATE 6,000 UNIT NOMINAL	Per Unit	\$2.43
71104-0911-01	ALPROLIX 500 UNIT NOMINAL	Per Unit	\$3.52
71104-0922-01	ALPROLIX 1,000 UNIT NOMINAL	Per Unit	\$3.52
71104-0933-01	ALPROLIX 2,000 UNIT NOMINAL	Per Unit	\$3.52
71104-0944-01	ALPROLIX 3,000 UNIT NOMINAL	Per Unit	\$3.52



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71104-0966-01	ALPROLIX 250 UNIT NOMINAL	Per Unit	\$3.52
71104-0977-01	ALPROLIX 4,000 UNIT NOMINAL	Per Unit	\$3.52
76125-0256-20	KOATE 250 UNIT VIAL	Per Unit	\$1.41
76125-0668-30	KOATE 500 UNIT VIAL	Per Unit	\$1.41
76125-0676-50	KOATE 1,000 UNIT VIAL	Per Unit	\$1.41

*All prices include home delivery and all necessary infusion supplies. All other supplies provided separately are not reimbursable. Only products with an expiration date at least six months beyond the date of the receipt will be purchased. Rates are based on current Medicaid rates. The Hemophilia Assistance Program (HAP) reserves the right to deny payment if any other aspect of product quality is unacceptable. All home delivery products must be maintained at optimal temperature until accepted by the client. All additions or deletions will be considered based on client needs.