



Hemophilia Assistance Program

Covered Products, Allowable Fees, Limitations and Requirements*

Fiscal Year 2018

NDC #	Trade or Common Name	Pricing Unit	HAP Reimbursement Rate (not to exceed)
00944-3051-02	ADVATE 200-400 UNITS VIAL	each unit	1.49
00944-3052-02	ADVATE 401-800 UNITS VIAL	each unit	1.49
00944-3053-02	ADVATE 801-1,200 UNITS VIAL	each unit	1.49
00944-3054-02	ADVATE 1,201-1,800 UNITS VIAL	each unit	1.49
00944-3045-10	ADVATE 1,801-2,400 UNITS VIAL	each unit	1.49
00944-3046-10	ADVATE 2,401-3,600 UNITS VIAL	each unit	1.49
00944-3047-10	ADVATE 3,601-4,800 UNITS VIAL	each unit	1.49
00944-4622-01	ADYNOVATE 200-400 UNIT VIAL	each unit	1.94
00944-4623-01	ADYNOVATE 401-800 UNIT VIAL	each unit	1.94
00944-4624-01	ADYNOVATE 801-1,250 UNIT VIAL	each unit	1.94
00944-4625-01	ADYNOVATE 1,251-2,500 UNIT VIAL	each unit	1.94
00944-4626-01	ADYNOVATE 750 UNIT VIAL	each unit	1.94
00944-4627-01	ADYNOVATE 1,500 UNIT VIAL	each unit	1.94
00944-4628-01	ADYNOVATE 3,000 UNIT VIAL	each unit	1.94
69911-0474-02	AFSTYLA 250 UNIT VIAL	each unit	1.62
69911-0475-02	AFSTYLA 500 UNIT VIAL	each unit	1.62
69911-0476-02	AFSTYLA 1000 UNIT VIAL	each unit	1.62
69911-0477-02	AFSTYLA 2000 UNIT VIAL	each unit	1.62
69911-0478-02	AFSTYLA 3000 UNIT VIAL	each unit	1.62
68516-4601-01	ALPHANATE 250-100 UNIT VIAL	each unit	1.14
68516-4602-01	ALPHANATE 500-200 UNIT VIAL	each unit	1.14
68516-4603-02	ALPHANATE 1,000-400 UNIT VIAL	each unit	1.14
68516-4604-02	ALPHANATE 1,500-600 UNIT VIAL	each unit	1.14
68516-4609-02	ALPHANATE 2,000-800 UNIT VIAL	each unit	1.14
68516-3601-02	ALPHANINE SD 500 UNITS VIAL	each unit	1.31
68516-3602-02	ALPHANINE SD 1,000 UNITS VIAL	each unit	1.31
68516-3603-02	ALPHANINE SD 1,500 UNIT VIAL	each unit	1.31
64406-0966-01	ALPROLIX 250 UNIT NOMINAL	each unit	2.97
64406-0911-01	ALPROLIX 500 UNIT NOMINAL	each unit	2.97
64406-0922-01	ALPROLIX 1,000 UNIT NOMINAL	each unit	2.97
64406-0933-01	ALPROLIX 2,000 UNIT NOMINAL	each unit	2.97
64406-0944-01	ALPROLIX 3,000 UNIT NOMINAL	each unit	2.97
64193-0445-02	BEBULIN 200-1,200 UNITS VIAL	each unit	1.01

58394-0633-03	BENEFIX 250 UNIT KIT	each unit	1.34
58394-0634-03	BENEFIX 500 UNIT KIT	each unit	1.34
58394-0635-03	BENEFIX 1,000 UNIT KIT	each unit	1.34
58394-0636-03	BENEFIX 2,000 UNIT KIT	each unit	1.34
58394-0637-03	BENEFIX 3,000 UNIT KIT	each unit	1.34
64406-0801-01	ELOCTATE 250 UNIT NOMINAL	each unit	2.07
64406-0802-01	ELOCTATE 500 UNIT NOMINAL	each unit	2.07
64406-0803-01	ELOCTATE 750 UNIT NOMINAL	each unit	2.07
64406-0804-01	ELOCTATE 1,000 UNIT NOMINAL	each unit	2.07
64406-0805-01	ELOCTATE 1,500 UNIT NOMINAL	each unit	2.07
64406-0806-01	ELOCTATE 2,000 UNIT NOMINAL	each unit	2.07
64406-0807-01	ELOCTATE 3,000 UNIT NOMINAL	each unit	2.07
64193-0423-02	FEIBA NF 500 UNIT (NOMINAL)	each unit	2.12
64193-0424-02	FEIBA NF 1,000 UNIT (NOMINAL)	each unit	2.12
64193-0425-02	FEIBA NF 2,500 UNIT (NOMINAL)	each unit	2.12
00053-8131-02	HELIXATE FS 250 UNIT VIAL	each unit	1.44
00053-8132-02	HELIXATE FS 500 UNIT VIAL	each unit	1.44
00053-8133-02	HELIXATE FS 1,000 UNIT VIAL	each unit	1.44
00053-8134-02	HELIXATE FS 2,000 UNIT VIAL	each unit	1.44
00053-8135-02	HELIXATE FS 3,000 UNITS VIAL	each unit	1.44
00944-3940-02	HEMOPIL M 250 UNIT NOMINAL	each unit	1.30
00944-3942-02	HEMOPIL M 500 UNIT NOMINAL	each unit	1.30
00944-3944-02	HEMOPIL M 1,000 UNIT NOMINAL	each unit	1.30
00944-3946-02	HEMOPIL M 1,700 UNIT NOMINAL	each unit	1.30
63833-0615-02	HUMATE-P 600 UNIT VWF:RCO	each unit	1.21
63833-0616-02	HUMATE-P 1,200 UNIT VWF:RCO	each unit	1.21
63833-0617-02	HUMATE-P 2,400 UNIT VWF:RCO	each unit	1.21
69911-0864-02	IDELVION 250 UNIT VIAL	each unit	4.17
69911-0865-02	IDELVION 500 UNIT VIAL	each unit	4.17
69911-0866-02	IDELVION 1000 UNIT VIAL	each unit	4.17
69911-0867-02	IDELVION 2000 UNIT VIAL	each unit	4.17
70504-0282-05	IXINITY 500 UNIT RANGE	each unit	1.45
70504-0283-05	IXINITY 1,000 UNIT RANGE	each unit	1.45
70504-0285-06	IXINITY 1,000 UNIT RANGE -2 VLS	each unit	1.45
70504-0284-05	IXINITY 1,500 UNIT RANGE	each unit	1.45
70504-0286-06	IXINITY 1,500 UNIT RANGE -2 VLS	each unit	1.45
76125-0256-20	KOATE 250 UNIT VIAL	each unit	1.29
76125-0250-20	KOATE-DVI 250 UNIT VIAL	each unit	1.29
76125-0668-30	KOATE 500 UNIT VIAL	each unit	1.29
76125-0667-30	KOATE-DVI 500 UNIT VIAL	each unit	1.29
76125-0676-50	KOATE 1,000 UNIT VIAL	each unit	1.29
76125-0672-50	KOATE-DVI 1,000 UNIT VIAL	each unit	1.29
00026-3782-25	KOGENATE FS 250 UNIT VIAL	each unit	1.46
00026-3783-35	KOGENATE FS 500 UNIT VIAL	each unit	1.46
00026-3785-55	KOGENATE FS 1,000 UNITS VIAL	each unit	1.46
00026-3786-65	KOGENATE FS 2,000 UNIT VIAL	each unit	1.46

00026-3787-75	KOGENATE FS 3,000 UNITS VIAL	each unit	1.46
00026-3792-20	KOGENATE FS 250 UNIT VL-BIOSET	each unit	1.46
00026-3793-30	KOGENATE FS 500 UNIT VL-BIOSET	each unit	1.46
00026-3795-50	KOGENATE FS 1,000 UNIT-BIOSET	each unit	1.46
00026-3796-60	KOGENATE FS 2,000 UNIT-BIOSET	each unit	1.46
00026-3797-70	KOGENATE FS 3,000 UNIT-BIOSET	each unit	1.46
00026-3821-25	KOVALTRY 250 UNIT KIT	each unit	1.67
00026-3822-25	KOVALTRY 500 UNIT KIT	each unit	1.67
00026-3824-25	KOVALTRY 1000 UNIT KIT	each unit	1.67
00026-3826-25	KOVALTRY 2000 UNIT KIT	each unit	1.67
00026-3828-25	KOVALTRY 3000 UNIT KIT	each unit	1.67
00053-7633-02	MONOCLATE-P 1,000 UNIT KIT	each unit	1.06
00053-7634-02	MONOCLATE-P 1,500 UNIT KIT	each unit	1.06
00053-6233-02	MONONINE 1,000 UNITS KIT	each unit	1.31
00169-7201-01	NOVOSEVEN RT 1 MG VIAL	each unit	2.04
00169-7202-01	NOVOSEVEN RT 2 MG VIAL	each unit	2.04
00169-7205-01	NOVOSEVEN RT 5 MG VIAL	each unit	2.04
00169-7208-01	NOVOSEVEN RT 8 MG VIAL	each unit	2.04
00169-7825-01	NOVOEIGHT 250 UNIT VIAL	each unit	1.66
00169-7850-01	NOVOEIGHT 500 UNIT VIAL	each unit	1.66
00169-7810-01	NOVOEIGHT 1,000 UNIT VIAL	each unit	1.66
00169-7815-01	NOVOEIGHT 1,500 UNIT VIAL	each unit	1.66
00169-7820-01	NOVOEIGHT 2,000 UNIT VIAL	each unit	1.66
00169-7830-01	NOVOEIGHT 3,000 UNIT VIAL	each unit	1.66
68982-0139-01	NUWIQ 250 UNIT VIAL PACK	each unit	1.66
68982-0141-01	NUWIQ 500 UNIT VIAL PACK	each unit	1.66
68982-0143-01	NUWIQ 1,000 UNIT VIAL PACK	each unit	1.66
68982-0145-01	NUWIQ 2,000 UNIT VIAL PACK	each unit	1.66
68516-3201-01	PROFILNINE 500 UNITS VIAL	each unit	1.28
68516-3202-02	PROFILNINE 1,000 UNITS VIAL	each unit	1.28
68516-3203-02	PROFILNINE 1,500 UNITS VIAL	each unit	1.28
00944-2841-10	RECOMBINATE 220-400 UNIT VIAL	each unit	1.49
00944-2842-10	RECOMBINATE 401-800 UNIT VIAL	each unit	1.49
00944-2843-10	RECOMBINATE 801-1240 UNIT VIAL	each unit	1.49
00944-2844-10	RECOMBINATE 1241-1800 UNIT VIAL	each unit	1.49
00944-2845-10	RECOMBINATE 1801-2400 UNIT VIAL	each unit	1.49
00944-3026-02	RIXUBIS 250 UNIT NOMINAL	each unit	1.43
00944-3028-02	RIXUBIS 500 UNIT NOMINAL	each unit	1.43
00944-3030-02	RIXUBIS 1,000 UNIT NOMINAL	each unit	1.43
00944-3032-02	RIXUBIS 2,000 UNIT NOMINAL	each unit	1.43
00944-3034-02	RIXUBIS 3,000 UNIT NOMINAL	each unit	1.43
58394-0012-01	XYNTHA 250 UNIT KIT	each unit	1.55
58394-0013-01	XYNTHA 500 UNIT KIT	each unit	1.55
58394-0014-01	XYNTHA 1,000 UNIT KIT	each unit	1.55
58394-0015-01	XYNTHA 2,000 UNIT KIT	each unit	1.55
58394-0016-03	XYNTHA SOLOFUSE 3,000	each unit	1.55

58394-0022-03	XYNTHA SOLOFUSE 250	each unit	1.55
58394-0023-03	XYNTHA SOLOFUSE 500	each unit	1.55
58394-0024-03	XYNTHA SOLOFUSE 1,000	each unit	1.55
58394-0025-03	XYNTHA SOLOFUSE 2,000	each unit	1.55

*All prices include home delivery and all necessary infusion supplies. Any and 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 Medicaid rates in effect as of August 2017. The Hemophilia Assistance Program (HAP) will further reserve 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