



**HEMOPHILIA ASSISTANCE PROGRAM**  
**Covered Products, Allowable Fees**  
**Limitations and Requirements**  
**FY2012**

NDC #	Trade or Common Name	Pricing Unit	HAP Reimbursement Rate (not to exceed)
00944-2941-10	Advate	each unit	.96
68516-4601-01	Alphanate AHF/VWF	each unit	.76
68516-3600-05	Alphanine SD	each unit	.70
58394-0633-03	Benefix RT	each unit	.95
55566-5020-01	Desmopressin Acetate	per ampule	26.20/ampule
64193-0222-03	Feiba	each unit	1.39
00053-8131-02	Helixate FS	each unit	.87
00944-2930-01	Hemofil-M	each unit	.71
00053-7615-05	Humate-P	each unit	.72
13533-0665-20	Koate-DVI	each unit	.60
00026-3782-20	Kogenate FS	each unit	.90
00026-3792-20	Kogenate w/ Bioset	each unit	.90
00053-7656-01	Monoclote P	each unit	.56
00053-7668-02	Mononine CSL	each unit	.74
00169-7010-01	NovoSeven RT 1mg	each unit	1.28
00169-7020-01	NovoSeven RT 2mg	each unit	1.28
00169-7050-01	NovoSevenRT 5mg	each unit	1.28
68516-3200-04	Profilnine SD	each unit	.48
00944-2831-10	Recombinate	each unit	.95
00944-2841-10	Recombinate	each unit	.95
00053-2453-00	Stimate	2.5ml pump	206.00/ml
00053-6871-00	Stimate	2.5ml pump	206.00/ml
58394-0012-01	Xyntha	each unit	.90

**Table 1 Covered Products, Allowable Fees, Limitations and Requirements for FY2012**

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 based on Medicaid rate in effect as of August 2011. The HAP will further reserve the right to deny payment if any other aspect of product quality is unacceptable. All home delivery products must be delivered in accordance with prior arrangement to the recipient's home or as otherwise directed, and must be maintained at optimal temperature until accepted by the recipient.

NDC numbers may vary in the last three digits with respect to strength/concentration and package size.

*All additions or deletions of products will be considered by the Purchased Health Services Unit and will be based on recipient needs and HAP funding.*