

## Michigan Medicaid Factor Pricing

NDC	Name	Price/AHF	Effective Date	Last Reviewed
00026378220	KOGENATE FS 250 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026378330	KOGENATE FS 500 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026378550	KOGENATE FS 1,000 UNITS VIAL	\$1.12000	10/24/2008	Nov-09
00026378660	KOGENATE FS 2,000 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026378770	KOGENATE FS 3,000 UNITS VIAL	\$1.12000	9/1/2009	Nov-09
00026379220	KOGENATE FS 250 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026379330	KOGENATE FS 500 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026379550	KOGENATE FS 1,000 UNITS VIAL	\$1.12000	10/24/2008	Nov-09
00026379660	KOGENATE FS 2,000 UNIT VIAL	\$1.12000	10/24/2008	Nov-09
00026379770	KOGENATE FS 3,000 UNITS VIAL	\$1.12000	9/1/2009	Nov-09
00053761505	HUMATE-P 600 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053761510	HUMATE-P 1,200 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053761520	HUMATE-P 2,400 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053762005	HUMATE-P 500 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053762010	HUMATE-P 1,000 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053762020	HUMATE-P 2,000 UNITS KIT	\$0.80000	10/24/2008	Nov-09
00053765601	MONOCLATE-P 250 UNIT KIT	\$0.67200	10/24/2008	Nov-09
00053765602	MONOCLATE-P 500AHFU KIT	\$0.67200	10/24/2008	Nov-09
00053765604	MONOCLATE-P 1,000 UNITS KIT	\$0.67200	10/24/2008	Nov-09
00053765605	MONOCLATE-P 1,500 UNITS KIT	\$0.67200	10/24/2008	Nov-09
00053766802	MONONINE 500 UNITS VIAL	\$0.80000	10/24/2008	Nov-09
00053766804	MONONINE 1,000 UNITS VIAL	\$0.80000	10/24/2008	Nov-09
00053813001	HELIXATE FS 250 UNIT VIAL	\$1.03740	12/1/2009	Nov-09
00053813002	HELIXATE FS 500 UNIT VIAL	\$1.03740	12/1/2009	Nov-09
00053813004	HELIXATE FS 1,000 UNITS VIAL	\$1.03740	12/1/2009	Nov-09
00053813005	HELIXATE FS 2,000 UNIT VIAL	\$1.03740	12/1/2009	Nov-09
00053813502	HELIXATE FS 3,000 UNITS VIAL	\$1.03740	12/1/2009	Nov-09
00169701001	NOVOSEVEN RT 1,000 MCG VIAL	\$1.15000	12/1/2009	Nov-09
00169702001	NOVOSEVEN RT 2,000 MCG VIAL	\$1.15000	12/1/2009	Nov-09
00169705001	NOVOSEVEN RT 5,000 MCG VIAL	\$1.15000	12/1/2009	Nov-09
00169706001	NOVOSEVEN 1,200 MCG VIAL	\$1.09440	10/24/2008	Nov-09
00169706101	NOVOSEVEN 2,400 MCG VIAL	\$1.09440	10/24/2008	Nov-09
00169706201	NOVOSEVEN 4,800 MCG VIAL	\$1.09440	10/24/2008	Nov-09
00944283110	RECOMBINATE 220-400 UNIT VIAL	\$1.05600	10/24/2008	Nov-09
00944283210	RECOMBINATE 401-800 UNIT VIAL	\$1.05600	10/24/2008	Nov-09
00944283310	RECOMBINATE 801-1,240 UNIT VL	\$1.05600	10/24/2008	Nov-09
00944293001	HEMOPIL M 220-400 UNITS VIAL	\$0.85760	10/24/2008	Nov-09
00944293101	HEMOPIL M 401-800 UNITS VIAL	\$0.85760	10/24/2008	Nov-09
00944293201	HEMOPIL M 801-1,700 UNITS VIAL	\$0.85760	10/24/2008	Nov-09
00944293301	HEMOPIL M 1,701-2,000 UNITS VL	\$0.85760	10/24/2008	Nov-09
00944294110	ADVATE 200-400 UNITS VIAL	\$1.11500	12/1/2009	Nov-09
00944294210	ADVATE 401-800 UNITS VIAL	\$1.11500	12/1/2009	Nov-09



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00944294310	ADVATE 801-1,200 UNITS VIAL	\$1.11500	12/1/2009	Nov-09
00944294410	ADVATE 1,201-1,800 UNITS VIAL	\$1.11500	12/1/2009	Nov-09
00944294510	ADVATE 1,801-2,400 UNITS VIAL	\$1.11500	12/1/2009	Nov-09
00944294610	ADVATE 2,400-3,600 UNITS VIAL	\$1.11500	12/1/2009	Nov-09
13533066520	KOATE-DVI 250 UNIT KIT	\$0.75520	10/24/2008	Nov-09
13533066530	KOATE-DVI 500 UNITS KIT	\$0.75520	10/24/2008	Nov-09
13533066550	KOATE-DVI 1,000 UNITS KIT	\$0.75520	10/24/2008	Nov-09
58394000101	BENEFIX 1,000 UNIT VIAL	\$0.82160	10/24/2008	Nov-09
58394000105	BENEFIX 1,000 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394000106	BENEFIX 1,000 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394000201	BENEFIX 500 UNIT VIAL	\$0.82160	10/24/2008	Nov-09
58394000205	BENEFIX 500 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394000206	BENEFIX 500 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394000301	BENEFIX 250 UNIT VIAL	\$0.82160	10/24/2008	Nov-09
58394000305	BENEFIX 250 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394000306	BENEFIX 250 UNIT VIAL	\$0.89270	7/25/2008	Nov-09
58394000502	REFACTO 1,000 UNITS VIAL	\$0.88400	6/1/2007	Nov-09
58394000504	REFACTO 1,000 UNITS VIAL	\$0.88400	10/24/2008	Nov-09
58394000602	REFACTO 500 UNITS VIAL	\$0.88400	6/1/2007	Nov-09
58394000604	REFACTO 500 UNITS VIAL	\$0.88400	3/16/2009	Nov-09
58394000702	REFACTO 250 UNITS VIAL	\$0.88400	10/24/2008	Nov-09
58394000704	REFACTO 250 UNITS VIAL	\$0.88400	10/24/2008	Nov-09
58394000802	BENEFIX 2,000 UNIT VIAL	\$0.89270	7/25/2008	Nov-09
58394000803	BENEFIX 2,000 UNIT VIAL	\$0.89270	10/24/2008	Nov-09
58394001102	REFACTO 2,000 UNITS VIAL	\$0.88400	10/24/2008	Nov-09
58394001104	REFACTO 2,000 UNITS VIAL	\$0.88400	10/24/2008	Nov-09
58394001201	XYNTHA 250 UNIT KIT	\$1.09500	12/1/2009	Nov-09
58394001301	XYNTHA 500 UNIT KIT	\$1.09500	12/1/2009	Nov-09
58394001401	XYNTHA 1,000 UNIT KIT	\$1.09500	12/1/2009	Nov-09
58394001501	XYNTHA 2,000 UNIT KIT	\$1.09500	12/1/2009	Nov-09
64193022203	FEIBA VH IMMUNO 400-650 UNITS	\$1.34400	10/18/2008	Nov-09
64193022204	FEIBA VH IMMUNO 651-1,200 UNIT	\$1.34400	10/24/2008	Nov-09
64193022205	FEIBA VH IMMUNO 1,750-3,250 IU	\$1.34400	10/24/2008	Nov-09
64193024402	BEBULIN VH IMMUNO 200-1,200 UN	\$0.72800	9/1/2009	Nov-09
68516320002	PROFILNINE SD 500 UNITS VIAL	\$0.59850	12/1/2009	Nov-09
68516320003	PROFILNINE SD 1,000-1,500 UNIT	\$0.59850	12/1/2009	Nov-09
68516320004	PROFILNINE SD 1,000 UNITS VIAL	\$0.59850	12/1/2009	Nov-09
68516320005	PROFILNINE SD 1,500 UNITS VIAL	\$0.59850	12/1/2009	Nov-09
68516360002	ALPHANINE SD 250-1,500 UNIT VL	\$0.94430	12/1/2009	Nov-09
68516360004	ALPHANINE SD 500 UNITS VIAL	\$0.94430	12/1/2009	Nov-09
68516360005	ALPHANINE SD 1,000 UNITS VIAL	\$0.94430	12/1/2009	Nov-09
68516360006	ALPHANINE SD 1,500 UNITS VIAL	\$0.94430	12/1/2009	Nov-09

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68516460001	ALPHANATE 250-500 UNIT VIAL	\$0.87780	12/1/2009	Nov-09
68516460002	ALPHANATE 1,000-1,500 UNITS VL	\$0.87780	12/1/2009	Nov-09
68516460101	ALPHANATE 250-100 UNIT VIAL	\$0.87780	12/1/2009	Nov-09
68516460201	ALPHANATE 500-200 UNIT VIAL	\$0.87780	12/1/2009	Nov-09
68516460302	ALPHANATE 1,000-400 UNIT VIAL	\$0.87780	12/1/2009	Nov-09
68516460402	ALPHANATE 1,500-600 UNIT VIAL	\$0.87780	12/1/2009	Nov-09

**PRICE REVIEW REQUESTS:** If an enrolled pharmacy feels reimbursement is inadequate, a request to review the price - including a copy of invoice showing acquisition costs - may be submitted to [MDCHPharmacyServices@michigan.gov](mailto:MDCHPharmacyServices@michigan.gov) or faxed to MDCH Pharmacy Services at (517) 335-7959. *If a price adjustment is warranted, the price effective date may be backdated no earlier than the date the request for review was received.*

**DISCLAIMER:** Prices above are provided to assist you in PRE point-of-sale adjudication decision making only. The presence of a particular NDC does NOT guarantee payment or payment level. Point-of-sale claims adjudication is your most reliable source of information regarding payment and coverage parameters.