

Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
00944305403	ADVATE 1,201-1,800 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944305404	ADVATE 1,201-1,800 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944292402	ADVATE 1,201-1,800 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04917
00944305402	ADVATE 1,201-1,800 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04917
00944304510	ADVATE 1,801-2,400 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944296510	ADVATE 2,401-3,600 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944304610	ADVATE 2,401-3,600 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944304611	ADVATE 2,401-3,600 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944305103	ADVATE 200-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944305104	ADVATE 200-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944292102	ADVATE 200-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944305102	ADVATE 200-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944294810	ADVATE 3,601-4,800 UNIT VIAL	4000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04917
00944304710	ADVATE 3,601-4,800 UNIT VIAL	4000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04917
00944305203	ADVATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944305204	ADVATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944292202	ADVATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944305202	ADVATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944305303	ADVATE 801-1,200 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944305304	ADVATE 801-1,200 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	10/18/2017	1.05963
00944292302	ADVATE 801-1,200 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
00944305302	ADVATE 801-1,200 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00944462501	ADYNOVATE 1,251-2,500 UNIT VL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944425802	ADYNOVATE 1,251-2,500 UNIT VL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944462701	ADYNOVATE 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944462702	ADYNOVATE 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944425202	ADYNOVATE 200-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944425402	ADYNOVATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944462601	ADYNOVATE 750 UNIT VIAL	750 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944462602	ADYNOVATE 750 UNIT VIAL	750 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
00944425602	ADYNOVATE 801-1,250 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.59950
69911047602	AFSTYLA 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.18816
69911048002	AFSTYLA 1,500 UNIT RANGE VIAL	1500 (+/-)	VIAL	INTRAVEN	06/02/2017	1.18816
69911049001	AFSTYLA 1,500 UNIT RANGE VIAL	1500 (+/-)	VIAL	INTRAVEN	06/02/2017	1.18816
69911047702	AFSTYLA 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.18816
69911048102	AFSTYLA 2,500 UNIT RANGE VIAL	2500 (+/-)	VIAL	INTRAVEN	06/02/2017	1.18816
69911049101	AFSTYLA 2,500 UNIT RANGE VIAL	2500 (+/-)	VIAL	INTRAVEN	06/02/2017	1.18816
69911047402	AFSTYLA 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.18816
69911047802	AFSTYLA 3,000 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.18816
69911047502	AFSTYLA 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.18816
68516460302	ALPHANATE 1,000-400 UNIT VIAL	1000 (400)	VIAL	INTRAVEN	04/01/2017	0.78520
68516460402	ALPHANATE 1,500-600 UNIT VIAL	1500 (600)	VIAL	INTRAVEN	04/01/2017	0.78520

Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
68516460902	ALPHANATE 2,000-800 UNIT VIAL	2000 (800)	VIAL	INTRAVEN	04/01/2017	0.78520
68516461002	ALPHANATE 2,000-800 UNIT VIAL	2000 (800)	VIAL	INTRAVEN	04/01/2017	0.78520
68516460101	ALPHANATE 250-100 UNIT VIAL	250 (100)	VIAL	INTRAVEN	04/01/2017	0.78520
68516460201	ALPHANATE 500-200 UNIT VIAL	500 (200)	VIAL	INTRAVEN	04/01/2017	0.78520
68516360202	ALPHANINE SD 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	0.75429
68516360302	ALPHANINE SD 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.75429
68516360102	ALPHANINE SD 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.75429
64193044502	BEBULIN 200-1,200 UNITS VIAL	700 (+/-)	VIAL	INTRAVEN	04/01/2017	0.98646
58394063503	BENEFIX 1,000 UNIT RANGE	1000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
58394063603	BENEFIX 2,000 UNIT RANGE	2000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
58394063303	BENEFIX 250 UNIT RANGE	250 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
58394063703	BENEFIX 3,000 UNIT RANGE	3000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
58394063403	BENEFIX 500 UNIT RANGE	500 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
63833051802	CORIFACT KIT	1000-1600	VIAL	INTRAVEN	04/01/2017	7.69784
71104048708	ELOCTATE 1,500 UNIT NOMINAL	1500 UNIT	VIAL	INTRAVEN	06/18/2018	1.70608
71104080501	ELOCTATE 1,500 UNIT NOMINAL	1500 UNIT	VIAL	INTRAVEN	06/18/2018	1.70608
71104048908	ELOCTATE 3,000 UNIT NOMINAL	3000 UNIT	VIAL	INTRAVEN	06/26/2018	1.70608
71104080701	ELOCTATE 3,000 UNIT NOMINAL	3000 UNIT	VIAL	INTRAVEN	06/26/2018	1.70608
71104049108	ELOCTATE 5,000 UNIT NOMINAL	5000 UNIT	VIAL	INTRAVEN	06/15/2018	1.70608
71104080901	ELOCTATE 5,000 UNIT NOMINAL	5000 UNIT	VIAL	INTRAVEN	06/15/2018	1.70608
71104048408	ELOCTATE 500 UNIT NOMINAL	500 UNIT	VIAL	INTRAVEN	06/26/2018	1.70608

Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
71104080201	ELOCTATE 500 UNIT NOMINAL	500 UNIT	VIAL	INTRAVEN	06/26/2018	1.70608
71104048508	ELOCTATE 750 UNIT NOMINAL	750 UNIT	VIAL	INTRAVEN	06/15/2018	1.70608
71104080301	ELOCTATE 750 UNIT NOMINAL	750 UNIT	VIAL	INTRAVEN	06/15/2018	1.70608
64193042402	FEIBA NF 1,000 UNIT (NOMINAL)	651-1200	VIAL	INTRAVEN	04/01/2017	1.64424
64193042502	FEIBA NF 2,500 UNIT (NOMINAL)	1750-3250	VIAL	INTRAVEN	04/01/2017	1.64424
64193032601	FEIBA NF 500 UNIT (NOMINAL)	400-650	VIAL	INTRAVEN	10/25/2017	1.64424
64193042602	FEIBA NF 500 UNIT (NOMINAL)	400-650	VIAL	INTRAVEN	10/25/2017	1.64424
64193042302	FEIBA NF 500 UNIT (NOMINAL)	400-650	VIAL	INTRAVEN	04/01/2017	1.64424
00053813302	HELIXATE FS 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00053813402	HELIXATE FS 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00053813102	HELIXATE FS 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00053813502	HELIXATE FS 3,000 UNITS VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00053813202	HELIXATE FS 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
50242092201	HEMLIBRA 105 MG/0.7 ML VIAL	105 MG/0.7	VIAL	SUBCUT	07/25/2018	8185.59490
50242092301	HEMLIBRA 150 MG/ML VIAL	150 MG/ML	VIAL	SUBCUT	07/25/2018	11608.88880
50242092001	HEMLIBRA 30 MG/ML VIAL	30 MG/ML	VIAL	SUBCUT	11/20/2017	2667.89750
50242092101	HEMLIBRA 60 MG/0.4 ML VIAL	60MG/0.4ML	VIAL	SUBCUT	04/09/2018	4544.73240
00944293201	HEMOFIL M 1,000 UNIT NOMINAL	801-1500	VIAL	INTRAVEN	04/01/2017	0.82439
00944394402	HEMOFIL M 1,000 UNIT NOMINAL	801-1500	VIAL	INTRAVEN	04/01/2017	0.82439
00944293301	HEMOFIL M 1,700 UNIT NOMINAL	1501-2000	VIAL	INTRAVEN	04/01/2017	0.82439
00944394602	HEMOFIL M 1,700 UNIT NOMINAL	1501-2000	VIAL	INTRAVEN	04/01/2017	0.82439

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Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
00944293001	HEMOFIL M 250 UNIT NOMINAL	220-400	VIAL	INTRAVEN	04/01/2017	0.82439
00944394002	HEMOFIL M 250 UNIT NOMINAL	220-400	VIAL	INTRAVEN	04/01/2017	0.82439
00944394202	HEMOFIL M 500 UNIT NOMINAL	401-800	VIAL	INTRAVEN	04/01/2017	0.82439
63833061602	HUMATE-P 1,200 UNIT VWF:RCO	500-1200	VIAL	INTRAVEN	04/01/2017	0.83857
63833061702	HUMATE-P 2,400 UNIT VWF:RCO	1000-2400	VIAL	INTRAVEN	04/01/2017	0.83857
63833061502	HUMATE-P 600 UNIT VWF:RCO	250-600	VIAL	INTRAVEN	04/01/2017	0.83857
69911086602	IDELVION 1,000 UNIT RANGE VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	3.88085
69911086702	IDELVION 2,000 UNIT RANGE VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	3.88085
69911086402	IDELVION 250 UNIT RANGE VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	3.88085
69911086502	IDELVION 500 UNIT RANGE VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	3.88085
70504027101	IXINITY 1,000 UNIT RANGE	1000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028305	IXINITY 1,000 UNIT RANGE	1000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028506	IXINITY 1,000 UNIT RANGE-2 VLS	1000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504027201	IXINITY 1,500 UNIT RANGE	1500 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028405	IXINITY 1,500 UNIT RANGE	1500 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028606	IXINITY 1,500 UNIT RANGE-2 VLS	1500 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504027601	IXINITY 2,000 UNIT RANGE	2000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028805	IXINITY 2,000 UNIT RANGE	2000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504027501	IXINITY 250 UNIT RANGE	250 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028705	IXINITY 250 UNIT RANGE	250 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504027701	IXINITY 3,000 UNIT RANGE	3000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360

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Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

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NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
70504028905	IXINITY 3,000 UNIT RANGE	3000 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504027001	IXINITY 500 UNIT RANGE	500 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
70504028205	IXINITY 500 UNIT RANGE	500 UNIT	VIAL	INTRAVEN	04/01/2017	1.20360
76125067351	KOATE 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
76125067650	KOATE 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
76125025221	KOATE 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
76125025620	KOATE 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
76125066830	KOATE 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
76125066931	KOATE 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
00026379550	KOGENATE FS 1,000 UNIT-BIOSET	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026378555	KOGENATE FS 1,000 UNITS VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026378665	KOGENATE FS 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026379660	KOGENATE FS 2,000 UNIT-BIOSET	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026378225	KOGENATE FS 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026379220	KOGENATE FS 250 UNIT VL-BIOSET	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026379770	KOGENATE FS 3,000 UNIT-BIOSET	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026378775	KOGENATE FS 3,000 UNITS VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026378335	KOGENATE FS 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026379330	KOGENATE FS 500 UNIT VL-BIOSET	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026382425	KOVALTRY 1,000 UNIT KIT	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026482401	KOVALTRY 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963

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00026382650	KOVALTRY 2,000 UNIT KIT	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026482601	KOVALTRY 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026382125	KOVALTRY 250 UNIT KIT	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026382850	KOVALTRY 3,000 UNIT KIT	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026482801	KOVALTRY 3,000 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026382225	KOVALTRY 500 UNIT KIT	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00026482201	KOVALTRY 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.05963
00053763302	MONOCLATE-P 1,000 UNIT KIT	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
00053764301	MONOCLATE-P 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.08707
00053763402	MONOCLATE-P 1,500 UNIT KIT	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.64699
00053764401	MONOCLATE-P 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.64699
00053623302	MONONINE 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	0.87587
00169781001	NOVOEIGHT 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169781501	NOVOEIGHT 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169782001	NOVOEIGHT 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169782501	NOVOEIGHT 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169783001	NOVOEIGHT 3,000 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169785001	NOVOEIGHT 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04819
00169720101	NOVOSEVEN RT 1 MG VIAL	1 MG	VIAL	INTRAVEN	04/01/2017	1.61202
00169720201	NOVOSEVEN RT 2 MG VIAL	2 MG	VIAL	INTRAVEN	04/01/2017	1.61202
00169720501	NOVOSEVEN RT 5 MG VIAL	5 MG	VIAL	INTRAVEN	04/01/2017	1.61202

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00169720801	NOVOSEVEN RT 8 MG VIAL	8 MG	VIAL	INTRAVEN	04/01/2017	1.61202
68982014401	NUWIQ 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982014301	NUWIQ 1,000 UNIT VIAL PACK	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982014601	NUWIQ 2,000 UNIT VIAL	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982014501	NUWIQ 2,000 UNIT VIAL PACK	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982014801	NUWIQ 2,500 UNIT VIAL	2500 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982014701	NUWIQ 2,500 UNIT VIAL PACK	2500 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982014001	NUWIQ 250 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982013901	NUWIQ 250 UNIT VIAL PACK	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982015001	NUWIQ 3,000 UNIT VIAL	3000 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982014901	NUWIQ 3,000 UNIT VIAL PACK	3000 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982015201	NUWIQ 4,000 UNIT VIAL	4000 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982015101	NUWIQ 4,000 UNIT VIAL PACK	4000 (+/-)	VIAL	INTRAVEN	08/29/2017	1.37904
68982014201	NUWIQ 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
68982014101	NUWIQ 500 UNIT VIAL PACK	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.37904
00944500101	OBIZUR 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	4.65120
00944500105	OBIZUR 500 UNIT VIAL - 5 VIALS	500 (+/-)	VIAL	INTRAVEN	04/01/2017	4.65120
00944500110	OBIZUR 500 UNIT VIAL -10 VIALS	500 (+/-)	VIAL	INTRAVEN	04/01/2017	4.65120
68516320202	PROFILNINE 1,000 UNIT VIAL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	0.96785
68516320302	PROFILNINE 1,500 UNIT VIAL	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.96785
68516320101	PROFILNINE 500 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.96785

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00944284410	RECOMBINATE 1,241-1,800 UNIT V	1500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04757
00944284510	RECOMBINATE 1,801-2,400 UNIT V	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04757
00944284110	RECOMBINATE 220-400 UNIT VIAL	250 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04757
00944284210	RECOMBINATE 401-800 UNIT VIAL	500 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04757
00944284310	RECOMBINATE 801-1,240 UNIT VL	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	1.04757
00944303002	RIXUBIS 1,000 UNIT NOMINAL	1000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
00944303202	RIXUBIS 2,000 UNIT NOMINAL	2000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
00944302602	RIXUBIS 250 UNIT NOMINAL	250 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
00944303402	RIXUBIS 3,000 UNIT NOMINAL	3000 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
00944302802	RIXUBIS 500 UNIT NOMINAL	500 UNIT	VIAL	INTRAVEN	04/01/2017	1.27373
00169701301	TRETTEN 2,500 UNIT VIAL	2500 UNIT	VIAL	INTRAVEN	04/09/2018	11.03982
00169711311	TRETTEN 2,500 UNIT VIAL	2500 UNIT	VIAL	INTRAVEN	04/01/2017	10.77762
67467018101	WILATE 450-450 UNIT VIAL	450-450	VIAL	INTRAVEN	04/01/2017	0.75669
67467018102	WILATE 900-900 UNIT VIAL	900-900	VIAL	INTRAVEN	04/01/2017	0.75669
58394001401	XYNTHA 1,000 UNIT KIT	1000 (+/-)	VIAL	INTRAVEN	04/01/2017	0.98505
58394001501	XYNTHA 2,000 UNIT KIT	2000 (+/-)	VIAL	INTRAVEN	04/01/2017	0.98505
58394001201	XYNTHA 250 UNIT KIT	250 (+/-)	VIAL	INTRAVEN	04/01/2017	0.98505
58394001301	XYNTHA 500 UNIT KIT	500 (+/-)	VIAL	INTRAVEN	04/01/2017	0.98505
58394002403	XYNTHA SOLOFUSE 1,000 UNIT KIT	1000 (+/-)	SYRINGE	INTRAVEN	04/01/2017	0.98505
58394002503	XYNTHA SOLOFUSE 2,000 UNIT KIT	2000 (+/-)	SYRINGE	INTRAVEN	04/01/2017	0.98505
58394002203	XYNTHA SOLOFUSE 250 UNIT KIT	250 (+/-)	SYRINGE	INTRAVEN	04/01/2017	0.98505

Michigan Medicaid Program Maximum Allowable Cost (MAC) Clotting Factors Pricing

Due to frequent changes in price and product availability, this listing should NOT be considered all-inclusive. Updated listings will be posted weekly.

NDC	Drug Name	Strength	Form	Route	Effective Date	MAC Price
58394001603	XYNTHA SOLOFUSE 3,000 UNIT KIT	3000 (+/-)	SYRINGE	INTRAVEN	04/01/2017	0.98505
58394002303	XYNTHA SOLOFUSE 500 UNIT KIT	500 (+/-)	SYRINGE	INTRAVEN	04/01/2017	0.98505