

# Outpatient Medical Drug Exclusion List

## Prescription Drug Program

Benefits for certain prescription drugs and devices are only covered when provided through the Prescription Drug Program and are not covered under the medical benefit in an outpatient setting. Examples of an outpatient setting include a home health care agency, physician's office, outpatient hospital or other outpatient facility.

The following drugs or devices are covered only if purchased through a specialty or in-network pharmacy, subject to your benefits. If you have out-of-network benefits, purchases from any other pharmacy will be subject to your out-of-network benefits. If a brand name is listed, any available generics, authorized generics or biosimilars of the brand drug also apply.

Advate\*  
Adynovate\*  
Afstyla\*  
Alphanate/VWF\*  
Alphanine SD\*  
Alprolix\*  
Benefix\*  
Coagadex\*  
Corifact\*  
Eloctate\*

Esperoct\*  
Feiba\*  
Fibryga\*  
Glassia  
Hemofil M\*  
Humate-P\*  
Idelvion\*  
Ixinity\*  
Jivi\*  
Helixate\*

Koate\*  
Kogenate\*  
Kovaltry\*  
Monoclalte\*  
Mononine\*  
Novoeight\*  
Novoseven\*  
Nuwiq\*  
Obizur\*  
Profilnine/SD\*

Rebinyn\*  
Recombinate\*  
Riastap\*  
Rixubis\*  
Ruconest\*  
Tretten\*  
Vonvendi\*  
Wilate\*  
Xyntha/Solofuse\*

All drugs apply to the ResultsRx formulary.

\* Applies to groups who have opted into covering under pharmacy benefit only.

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