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
Koate
Kogenate
Kovaltry
Novoeight
Novoseven
Nuwiq
Obizur
Profilnine/SD
Rebinyn
Recombinate
Riastap
Rixubis
Ruconest
Sevenfact
Tretten
Vonvendi
Wilate
Xyntha/Solofuse

Coverage of these drugs is allowed under medical benefit only when provided during a medical emergency in a hospital emergency room. This list:

- Applies to all ResultsRx prescription drug plans.
- Applies to all BlueRx Card and BlueCare prescription drug plans, unless the group has opted out.

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