

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	Esperoct	Kogenate	Recombinate
Adynovate	Feiba	Kovaltry	Riastap
Afstyla	Fibryga	Monoclata	Rixubis
Alphanate/VWF	Glassia	Mononine	Ruconest
Alphanine SD	Hemofil M	Novoeight	Sevenfact
Alprolix	Humate-P	Novoseven	Tretten
Benefix	Idelvion	Nuwiq	Vonvendi
Coagadex	Ixinity	Obizur	Wilate
Corifact	Jivi	Profilnine/SD	Xyntha/Solofuse
Eloctate	Koate	Rebinyn	

All drugs apply to the ResultsRx formulary.

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 upon 2022 benefit renewal date to all BlueRx Card and BlueCare prescription drug plans, unless the group has opted out.

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