

# Outpatient Drug Exclusions List

Benefits for **certain prescription drugs and covered services** administered in an outpatient setting are **available only under your prescription drug plan**. These benefits are not available under your medical plan. *Examples of an outpatient setting include a home health care agency, physician's office, outpatient hospital or other outpatient facility.*

Benefits for the following drugs are only available if the drugs are purchased through a specialty or in-network pharmacy.

Brand Name			
ACTIMMUNE	COPAXONE	INTRON A MULTIDOSE PEN	REBIF
ADVATE RAHF-PFM	CYTOXAN	IPLIX	RECOMBINATE
AFINITOR	DOSTINEX	IRESSA	REFACTO
ALDURAZYME	ELAPRASE	KALBITOR	SAIZEN
ALKERAN	EMEND	KOATE-DVI	SANDOSTATIN
ALPHANATE	ENBREL	KOGENATE FS	SEROSTIM
ALPHANINE SD	EXTAVIA	KONYNE-80	SUPPRELIN LA
AMEVIVE	FABRAZYME	LUMIZYME	TEMODAR
ANTIHEMOPHILIC FACTOR HUMAN METHOD M MONOCLONAL PURIFIED	FACTOR IX+COMPLEX	MAKENA	TEV-TROPIN
ARCALYST	FEIBA VH AICC	MONARC-M	TOBI
AUTOPLEX T	FORTEO	MONOCLATE-P	TYVASO
AVONEX	FUZEON	MONONINE	VEPESID
BEBULIN VH	GENOTROPIN	MYOZYME	VPRIV
BENEFIX	HELIXATE FX	NAGLAZYME	XELODA
BERINERT	HEMOFIL M	NORDITROPIN	XOLAIR
BETASERON	HUMATE-P	NOVOSEVEN	XYNTHA
BIOTROPIN	HUMATROPE	NOVOSEVEN RT	ZORBTIVE
CEREDASE	HUMIRA	NUTROPIN/NUTROPIN AQ	ZORTRESS
CEREZYME	HYATE	OFORTA	
CESAMET	HYCAMTIN	OMNITROPE	
CIMZIA	ILARIS	PEGASYS	
CINRYZE	INCRELEX	PROFILNINE SD	
	INFERGEN	PROPLEX T	
	INTRON A	PULMOZYME	

**Note: This list is subject to change without notice.** Blue Cross and Blue Shield of Nebraska is an independent licensee of the Blue Cross and Blue Shield Association. Inclusion on this list does not guarantee coverage. If you have any questions about this list or about your prescription drug benefits, please call our Member Services Department at the number shown on the back of your Blue Cross and Blue Shield of Nebraska member ID card. Product names are the property of their respective owners.