

Non-Contracted Drugs

The Health Care Authority (HCA) reviews and determines which drugs are to be Non-Contracted Drugs. Non-Contracted Drugs are not Coordinated Care's responsibility regardless of claim reimbursement type other than inpatient.

If a non-contracted drug is administered as part of a procedure, Coordinator Care is not responsible for the cost of the non-contracted drug only. Ancillary drugs and services are provided pursuant to the administration of the Non-Contracted Drug are the responsibility of Coordinated Care.

The following drugs are not covered benefits under the Coordinated Care health plan. These drugs can be billed through Fee-For-Service (FFS) program. For more information on prior authorization requirement, contact HCA's FFS Program at **800-562-3022**.

Non-Contracted Drugs
Aducanumab-avwa (Aduhelm™)
Agalsidase Beta (Fabrazyme®)
Alglucosidase Alfa (Lumizyme®)
Arimoclomol
Asfotase Alfa (Strensiq®)
ATA-129 (tabelecleucel®)
Avalglucosidase Alfa (Nexviazyme™)
axicabtagene ciloleucel (Yescarta®)
bardoxolone methy
BEROTRALSTAT HCL (Orladeyo™)
BMN 111 (vosoritide)
brexucabtagene autoleucel (Tecartus™)
burosumab-twza (Crysvita®)
C1 Esterase Inhibitor (Human) (Berinert®)
C1 Esterase Inhibitor (Human) (Cinryze®)
C1 Esterase Inhibitor (Human) (Haegard®)
C1 Esterase Inhibitor (Recombinant) (Ruconest®)
casimersen (Amondys 45™)
CENEGERMIN-BKBJ (Oxervate™)
Cerliponase alfa (Brineura™)
Citrulline (Urea Cycle) (Citrulline Easy)
CPP-1X/Sulindac
Crizanlizumab (Adakveo®)
Cysteamine Bitartrate (Cystagon®)
Cysteamine Bitartrate (Procysbi®)
donislecel
Ecallantide (Kalbitor®)
Eculizumab (Soliris®)
Edaravone (Radicava™)
Elapegamase-lvlr (Revcovi™)

Elosulfase Alfa (Vimizim®)
Emapalumab (Gamifant™)
Eteplirsen (Exondys51™)
evinacumab (Evkeeza™)
fosdenopterin (Nulibry™)
Galsulfase (Naglazyme®)
Givosiran (Givlari™)
Glycerol Phenylbutyrate (Ravicti®)
Golodirsen™ (Vyondys 53)
Hemophiliac Products – Anti-hemophiliac blood factors VII, VIII, and IX, anti-inhibitor, and biological products FDA approved with an indication for use in treatment of hemophilia or von Willebrand disease when distributed for administration in the Enrollee’s home or other outpatient setting.
Icatibant Acetate (Firazyr®)
Icatibant Acetate
Idecabtagene vicleucel (Abecme®)
Idursulfase (Elaprase®)
Immune modulators and anti-viral medications to treat Hepatitis C. This exclusion does not apply to any other contracted service related to the diagnosis or treatment of Hepatitis C.
Inebilizumab-cdon (Uplinza®)
Interferon Gamma-1B(Actimmune®)
JNJ-4528 (ciltacabtagene autoleucel)
Lanadelumb-flyo (Takhzyro®)
Laronidase (Aldurazyme®)
Lenti-D™
Lentiglobin (Zynteglo)
Lisocabtagene maraleucel (Breyanzi®)
Lonafarnib (Zokinvy™)
Lumasiran (Oxlumo™)
Luspatercept (Reblozyl®)
Lutetium Lu 177 dotatate (Lutathera®)
Maralixibat Chloride (Livmarli®)
Metreleptin (Myalept®)
Nitisinone
Nitisinone (Nityr®)
Nitisinone (Orfadin®)
Nusinersen (Spinraza®)
odevixibat (Bylvay™)
Onasemnogene abeparvovec-Xioi (Zolgensma®)
osilodrostat phosphate (Isturisa®)
OTL-200
Pegcetacoplan (Empaveli™)
Pegvaliase-pqpz (Palynziq™)
Ravlizumab-cwvz (Ultomiris®)

Risdiplam (Evrysdi™)
Satralizumab-mwge (Enspryng™)
Sebelipase Alfa (Kanuma®)
Sodium Phenylbutyrate (Buphenyl®)
Sodium Phenylbutyrate
Teprotumumab-trbw (Teppeza®)
Tisagenlecleucel-t (Kymriah™)
Triheptanoin (Dojolvi™)
valoctocogene roxaparvovec (Roctavian)
viltolarsen (Viltepso®)
Voretigene neparvovec-ryzl (Luxturna™)