



Site of Service Program

As a part of our mission to provide access to quality and affordable care for our members, Blue Shield of California may direct members with prescriptions for medication infusion therapy services in an outpatient setting to receive care provided by qualified non-hospital-owned infusion centers or physician offices*. Our medical policy also allows an eligible member to receive medication infusion therapy at their personal physician's office, or in their own home when administered by a licensed and qualified clinician.

Guiding a member to receive this care in a way that best addresses their individual needs may reduce their out-of-pocket cost[±] and travel time. If you have any questions about Blue Shield's Site of Service Program, contact our Provider Customer Service team via Live Chat after logging into Provider Connection at www.blueshieldca.com/provider or by telephone at (800) 541-6652, Monday through Friday, 6 a.m. to 6:30 p.m.

Drugs included in the Blue Shield Site of Service Program as June 17, 2024

HCPCS	Generic / Brand
90291	IVIg (Cytogam per dose)
J0850	IVIg (Cytogam [®] per 50 ml vial)
J1459	IVIg (Privigen)
J1554	IVIg (Asceniv)
J1556	IVIg (Bivigam)
J1557	IVIg (Gammaplex)
J1561	IVIg or SCIG (Gamunex-C or Gammaked)
J1566	IVIg (Lyophilized (powder), not otherwise specified, (Gammagard S/D))
J1568	IVIg (Octagam)
J1572	IVIg (Flebogamma)
J1576	IVIg (Panzyga - effective 7/1/23 & after)
J1599	IVIg (Panzyga - effective 4/1/23 to 6/30/23)
J1569	IVIg or SCIG (Gammagard S/D)
J1551	SCIG (Cutaquig)
J1555	SCIG (Cuvitru)
J1558	SCIG (Xembify)
J1559	SCIG (Hizentra)
J1575	SCIG (Hyqvia)
J3262	Actemra (Tocilizumab)
J0791	Adakveo (Crizanlizumab-tmca)
Through 3/31/2024 C9399, J3490, J3590; Effective 4/1/24 C9167	Adzynma IV (Adamts13 recombinant-krhn)
J1426	Amondys 45 (Casimersen)
J0225	Amvuttra (Vutrisiran)
Q5121	Avsola (Infliximab-Axxq)
J0490	Benlysta (Belimumab)
J2329	Briumvi (Ublituximab-Xiyy)
J1786	Cerezyme (Imiglucerase Inj)
J2786	Cinqair (Reslizumab)
J0598	Cinryze (C-1 Esterase)
Through 3/31/2024 C9399, J3490, J3590; Effective 4/1/24 C9166	Cosentyx IV (Secukinumab, IV)
J0584	Crysvita (Burosumab-Twza)
J1743	Elaprase (Idursulfase)
J3060	Elelyso (Taliglucerase Alfa)
J2508	Elfabrio (Pegunigalsidase alfa-iwxj)
J1302	Enjaymo (Sutimlimab-Jome)

J3380	Entyvio (Vedolizumab)
J3111	Evenity (Romosozumab-Aqqg)
J1305	Evkeeza (Evinacumab-Dgnb)
J1428	Exondys 51 (Eteplirsen)
J0180	Fabrazyme (Agalsidase Beta)
J0517	Fasenra (Benralizumab)
J0223	Givlaari (Givosiran)
J0638	Ilaris (Canakinumab)
J3245	Ilumya (Tildrakizumab-Asmn)
Q5103	Inflectra (Infliximab-Dyyb)
J2840	Kanuma (Sebelipase Alfa)
J0202	Lemtrada (Alemtuzumab)
J1306	Leqvio (Inclisiran)
J0221	Lumizyme (Alglucosidase Alfa)
J3397	Mepsevii (Vestronidase Alfa-Vjbk)
J1458	Naglazyme (Galsulfase)
J0219	Nexvazyme (Avalglucosidase Alfa-Ngpt)
J2182	Nucala (Mepolizumab)
J2350	Ocrevus (Ocrelizumab)
J0222	Onpattro (Patisiran)
J0129	Orencia (Abatacept)
J0224	Oxlumo (Lumosiran)
J1576	Prevymis (Letermovir)
J1301	Radicava (Edaravone)
J1745	Remicade (Infliximab)
Q5104	Renflexis (Infliximab-Abda)
J2998	Ryplazim (Plasminogen, Human-Tvmh)
J9333	Rystiggo (Rozanolixizumab-noli)
J0491	Saphnelo (Anifrolumab-Fnia)
J1602	Simponi Aria (Golimumab)
J2327	Skyrizi (Risankizumab-Rzaa)
J1300	Soliris (Eculizumab)
J3357	Stelara (Ustekinumab)
90378	Synagis (Palivizumab)
J3241	Tepezza (Teprotumumab-Trbw)
J2356	Tezspire (Tezepelumab-Ekko)
J1746	Trogarzo (Ibalizumab-Uiyk)
J2323	Tysabri (Natalizumab)
J1303	Ultomiris (Ravulizumab-Cwvz)
J1823	Uplizna (Inebilizumab-cdon)
J1427	Viltepso (Viltolarsen)
J1322	Vimizim (Elosulfase Alfa)
J3385	VPRIV (Velaglucerase Alfa)
J3032	Vyepti (Eptinezumab-Jjmr)
J1429	Vyondys 53 (Golodirsen)
J9332	Vyvgart (Efgartigimod Alfa-Fcab)
J3490, J3590	Winrevair SC (Sotatercept-csrk)
J0218	Xenpozyme (Olipudase Alpha-Rpcp)
J2357	Xolair (Omalizumab)

*Authorization requests for medication infusion therapy and its administration at an outpatient hospital facility will require clinical rationale and documentation for medical necessity of the site of care. If medical necessity criteria are not met for outpatient hospital facility infusion, payment may be delayed or denied. ±Most medical benefits require members to pay a percentage of the bill. ±Most medical benefits require members to pay a percentage of the bill.