



# Site of Service Program

Blue Shield of California's ongoing mission is to provide access to quality, affordable care for our members. This motivates us to continually seek methods for improving our members' access to quality care while vigilantly helping them contain associated costs.

In support of our mission, Blue Shield's policy for administration of medication infusion therapy requires authorization for administration of infusion therapy when given at an Outpatient Hospital Facility. Our authorization process may direct members with prescriptions for medication infusion therapy services in an outpatient hospital setting to qualified, approved infusion centers or physician offices instead. Additionally, our medical policy allows members to receive medication infusion therapy in their own home, administered by a licensed and qualified caregiver.

This policy revision is intended to provide Blue Shield members with clinically appropriate sites of service that may lower their out-of-pocket costs and increase convenience by reducing or eliminating their travel time by guiding them to an appropriate service site for this care. Authorization requests for the medication and administration at an outpatient facility will require medical necessity documentation. If medical necessity is not met or if the authorization does not match the claim, payment may be delayed or denied.

Drugs included in the Site of Service Program as of August 2020	
Drug name	Drug name
IVIG (IVIG)	Kanuma® (sebelipase alfa)
Actemra® (tocilizumab)	Makena® (hydroxyprogesterone caproate)
Actimmune® (interferon gamma 1-b)*	Mycamine® (micafungin)
Avsola® (infliximab-axxq)	Naglazyme® (galsulfase)
Apokyn® (rilonacept)*	Nucala® (mepolizumab)*
Arcalyst®(rilonacept)*	Onpattro® (patisiran)
Avonex®/Rebif® (interferon beta-1a)*	Naglazyme® (galsulfase)
Benlysta® (belimumab)	Nucala® (mepolizumab)*
Betaseron®/Extavia® (interferon beta 1-b)*	Orencia® (abatacept)
Boniva® (ibandronate)	Plegridy® (peginterferon beta 1-a)*
Cancidas® (caspofungin)	Prevymis® (letermovir)
Cerezyme® (imiglucerase inj)	Radicava® (edaravone)
Cimzia® (certolizumab pegol)	Remicade® (infliximab)
Cinryze®/Berinert® (C-1 Esterase)	Renflexis® (infliximab-abda)
Copaxone® (glatiramer acetate)*	Simponi Aria® (golimumab)
Crysvita® (burosumab-twza)	Soliris® (eculizumab)
Enbrel® (etanercept)*	Stelara SQ® (ustekinumab)
Entyvio® (vedolizumab)	Synagis® (palivizumab)
Evenity® (romosozumab-aqag)	Tepezza® (teprotumumab-trbw)*
Fabrazyme® (agalsidase beta)	Trogarzo® (ibalizumab-uiyk)
Fasenra® (benralizumab)*	Tysabri® (natalizumab)
Firazyr® (icatibant)*	Ultomiris® (ravulizumab-cwvz)
Forteo® (teriparatide)*	VPRIV® (velaglucerase alfa)
Humira® (adalimumab)*	Vyepti® (eptinezumab-jjmr)
Ilumya® (tildrakizumab-asmn)	Vyondys 53® (golodirsen)
Inflectra® (infliximab-dyyb)	

\*Redirected to pharmacy benefit

Most medical benefits require members to pay a percentage of the bill. By infusing a drug in the member's home or physician's office, patients can continue to receive the same medication but at a lower out-of-pocket cost. If you have any questions about the Site of Service Program, please call the Provider Information and Enrollment team at **(800) 258-3091**.