



Site of Service Program

In support of our mission to lower the cost of health care for our members while improving access to care, Blue Shield of California may direct members with prescriptions for medication infusion therapy services in an outpatient hospital setting to qualified, home infusion, non-facility-owned infusion centers or physician offices. Additionally, our medical policy allows members to receive medication infusion therapy at their physician office or own home, administered by a licensed and qualified clinician.

This policy may lower our members' 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. If you have any questions about the Site of Service Program, please call the Provider Information and Enrollment team at **(800) 258-3091**.

Drugs included in the Site of Service Program as of September 2022

Drug name	Drug name
IVIg (IVIg)	Nexviazyme (avalglucosidase alfa-ngpt)
Actemra (tocilizumab)	Nucala (mepolizumab)^
Amondys (casimersen)	Ocrevus (ocrelizumab)
Amvulttra (vutrisiran)	Onpattro (patisiran)
Avsola (infliximab-axxq)	Orencia (abatcept)
Benlysta (belimumab)	Oxlumo (lumosiran)
Cancidas (caspofungin)	Prevymis (letermovir)
Cerezyme (imiglucerase inj)	Radicava (edaravone)
Cinqair (reslizumab)	Remicade (infliximab)
Cinryze (C-1 Esterase)	Renflexis (infliximab-abda)
Crysvita (burosumab-twza)	Ryplazim (plasminogen, human-tvmh)
Elaprase (idursulfase)	Saphnelo (anifrolumab-fnia)
Elelyso (taliglucerase alfa)^	Simponi Aria (golimumab)
Enjaymo (sutimlimab-jome)	Skyrizi (risankizumad-rzaa)^
Entyvio (vedolizumab)	Soliris (eculizumab)
Evenity (romosozumab-aqqg)	Stelara SC (ustekinumab)
Evkeeza (evinacumab-dgnb)	Synagis (palivizumab)
Exondys 51 (eteplirsen)	Tepezza (teprotumumab-trbw)
Fabrazyme (agalsidase beta)	Tezspire (tezepelumab-ekko)
Fasenra (benralizumab)^	Trogarzo (ibalizumab-uyk)
Illumya (tildrakizumab-asmn)	Tysabri (natalizumab)
Inflectra (infliximab-dyyb)	Ultomiris (ravulizumab-cwvz)
Kanuma (sebelipase alfa)	Viltolarsen (viltepso)
Lemtrada (alemtuzumab)	Vimizim (elosulfase alfa)
Leqvio (inclisiran)	VPRIV (velaglucerase alfa)
Lumizyme (alglucosidase alfa)	Vyepti (eptinezumab-jjmr)
Makena (hydroxyprogesterone caproate)	Vyondys53 (golodirsen)
Mepsevii (vestronidase alfa-vjvk)	Vyvgart (efgartigimod alfa-fcab)
Mycamine (micafungin)	Xolair (omalizumab)
Naglazyme (galsulfase)	

^Effective October 30, 2022

Most medical benefits require members to pay a percentage of the bill.

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 is not met for outpatient hospital facility infusion, payment may be delayed or denied.