



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 of August 9, 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 (Gammalex)
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)
J2329	Ublituximab-Xiiy (Briumvi)
J0202	Alemtuzumab (Lemtrada)
J1746	Ibalizumab-Uiyk (Trogarzo)
J1576	Letermovir (Prevymis)
J1305	Evinacumab-Dgnb (Evkeeza)
J1306	Inclisiran (Leqvio)
J0225	Vutrisiran (Amvuttra)
J1426	Casimersen (Amondys 45)
J1428	Eteplirsen (Exondys 51)
J2350	Ocrelizumab (Ocrevus)
J0222	Patisiran (Onpattro)
J1301	Edaravone (Radicava)
J2323	Natalizumab (Tysabri)
J1427	Viltolarsen (Viltepso)
J3032	Eptinezumab-Jjmr (Vyepsti)
J9332	Efgartigimod Alfa-Fcab (Vyvgart)
J2327	Risankizumab-Rzaa (Skyrizi)
J1743	Idursulfase (Elaprase)
J0180	Agalsidase Beta (Fabrazyme)
J1458	Galsulfase (Naglazyme)
J3241	Teprotumumab-Trbw (Tepezza)
J3380	Vedolizumab (Entyvio)

HCPCS	Generic / Brand
J1302	Sutimlimab-Jome (Enjaymo)
J2998	Plasminogen, Human-Tvmh (Ryplazim)
J1303	Ravulizumab-Cwvz (Ultomiris)
Q5121	Infliximab-Axxq (Avsola)
J3245	Tildrakizumab-Asmn (Ilumya)
Q5103	Infliximab-Dyyb (Inflectra)
J0219	Avalglucosidase Alfa-Ngpt (Nexviazyme)
J1745	Infliximab (Remicade)
Q5104	Infliximab-Abda (Renflexis)
J0491	Anifrolumab-Fnia (Saphnelo)
J1300	Eculizumab (Soliris)
J1823	Inebilizumab-cdon (Uplizna)
J0584	Burosumab-Twza (Crysvita)
J2840	Sebelipase Alfa (Kanuma)
J0221	Alglucosidase Alfa (Lumizyme)
J3397	Vestronidase Alfa-Vjbc (Mepsevii)
J0224	Lumosiran (Oxlumo)
J1322	Elosulfase Alfa (Vimizim)
J0218	Olipudase Alpha-Rpcp (Xenpozyme)
J1786	Imiglucerase Inj (Cerezyme)
J3060	Taliglucerase Alfa (Elelyso)
J3385	Velaglucerase Alfa (VPRIV)
J1429	Golodirsén (Vyondys 53)
J3111	Romozumab-Aqqg (Evenity)
J0223	Givosiran (Givlaari)
J2786	Reslizumab (Cinqair)
J0598	C-1 Esterase (Cinryze)
J0517	Benralizumab (Fasenra)
J2182	Mepolizumab (Nucala)
90378	Palivizumab (Synagis)
J2356	Tezepelumab-Ekko (Tezspire)
J2357	Omalizumab (Xolair)
J3262	Toclizumab (Actemra)
J0490	Belimumab (Benlysta)
J0638	Canakinumab (Ilaris)
J0129	Abatacept (Orencia)
J1602	Golimumab (Simponi Aria)
J3357	Ustekinumab (Stelara)
J0791	Crizanlizumab-tmca (Adakveo)
J2508	Pegunigalsidase alfa-iwxj (Elfabrio)
J9333	Rozanolizumab-noli (Rystiggo)
Through 3/31/24 C9399, J3490, J3590; Effective 4/1/24 C9167	Adamts13 recombinant-krhn (Adzynma IV)
Through 3/31/24 C9399, J3490, J3590; Effective 4/1/24 C9166; J3247	Secukinumab, IV (Cosentyx IV)
C9399, J3490, J3590	Sotatercept-csrk (Winrevair SC)
C9399, J3490, J3590	Tocilizumab-bavi, IV (Tofidence)
C9399, J3490, J3590	Tocilizumab-aazg, IV (Tyenne)

*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.