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of the Blue Cross and Blue Shield Association

Medical benefit drug policies are a source for BCBSM and BCN medical policy information only. These documents are not to be used to determine benefits or reimbursement. Please reference the appropriate certificate or contract for benefit information. This policy may be updated and therefore subject to change.

Effective Date: 06/06/2024

Site of Care

Policy:

Requests must be supported by submission of chart notes and patient specific documentation.

- A. All BCBSM and BCN workforce members are governed by this policy.
 - a. The outpatient hospital and any affiliated location that bills according to the outpatient hospital's agreement is considered a high cost site of care while alternative sites of care such as the member's home or the office of a physician that does not bill in accordance with an affiliated outpatient hospital are considered low cost sites of care
 - b. The site of care optimization program requires injectable or infusible drugs to be administered in a non-outpatient hospital setting that does not bill in accordance with an affiliated outpatient hospital. A physician can request for an exception by submitting supporting information for the plan to review indicating one of the reasons below and receives authorization from the plan. For a list of drugs included in the SOC program, you can reference the Blue Cross and BCN utilization management medical drug list on the referral site. To find a qualifying provider, you can use the 'Find a Doctor' tool on the bcbsm.com website under the "Find Care" section.
- B. Definitions
 - a. N/A
- C. Purpose
 - a. This policy outlines the requirement for members to receive their injectable or infusible drug at a cost-effective site of care
- D. Scope
 - a. Blue Cross Blue Shield of Michigan Commercial and Blue Care Network Commercial members
- E. Procedure
 - a. Infusible or injectable drugs are evaluated by a clinical pharmacist on an ongoing basis for placement in the site of care program
 - i. All drugs are considered appropriate for the program unless there are special administration requirements that only a hospital outpatient setting can provide
 - b. All members on a drug in the site of care program are required to receive their drug in a non-outpatient hospital setting that does not bill in accordance with an affiliated outpatient hospital

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- i. Exceptions may be made when a physician requests authorization by submitting supporting information for the plan to review indicating one of the reasons below and receives authorization from the plan:
 - 1. The member's home isn't eligible for home infusion based on an assessment completed by a home infusion company
 - 2. The member requires monitoring that can be provided only in a hospital outpatient setting based on a previous anaphylactic reaction to the requested drug or other medications in the same class. Requests must be supported by submission of chart notes and patient specific documentation
 - 3. The member is on an immune checkpoint inhibitor (including, but not limited to: Bavencio, Imfinzi, Keytruda, Libtayo, Opdivo, Tecentriq, and Yervoy) and are:
 - a) ≤ 18 years of age
 - OR
 - b) On a regimen consisting of combination immune/cytotoxic therapy
 - c. The plan will notify the member and the requesting physician of its response to a standard or expedited coverage request as required by National Committee for Quality Assurance and Centers for Medicare & Medicaid Services or state or federal regulatory requirements
 - d. All denial notices to the member and requesting physician include appeal rights within the plan

F. Responsibilities of the Clinical Pharmacist include:

- a. Evaluate drugs on an ongoing basis for placement in or removal from the site of care program
- b. Review all authorization requests from physicians

***Note: Coverage and approval duration may differ for Medicare Part B members based on any applicable criteria outlined in Local Coverage Determinations (LCD) or National Coverage Determinations (NCD) as determined by Center for Medicare and Medicaid Services (CMS). See the CMS website at <http://www.cms.hhs.gov/>. Determination of coverage of Part B drugs is based on medically accepted indications which have supported citations included or approved for inclusion determined by CMS approved compendia.

Policy History		
#	Date	Change Description
2.0	Effective Date: 06/06/2024	Annual review of criteria was performed, no changes were made
1.9	Effective Date: 06/08/2023	Updated to add a statement as to where to find the list of drugs included in the SOC program
1.8	Effective Date: 10/06/2022	Updated to add additional language surrounding anaphylactic reactions
1.7	Effective Date: 08/04/2022	Updated to add oncology criteria
1.6	Effective Date: 02/10/2022	Annual review of criteria was performed, no changes were made
1.5	Effective Date: 02/04/2021	Annual review of criteria was performed, no changes were made
1.4	Effective Date: 9/16/2019	Name changing to "Site of Care," please refer to that policy
1.3	Effective Date: 5/09/2019	Annual review of criteria was performed, no changes were made
1.2	Effective Date: 5/03/2018	Annual review of criteria was performed, no changes were made
1.1	Effective Date: 5/04/2017	Modification to Policy
1.0	Effective Date: 11/01/2016	New Policy

* The prescribing information for a drug is subject to change. To ensure you are reading the most current information it is advised that you reference the most updated prescribing information by visiting the drug or manufacturer website or <http://dailymed.nlm.nih.gov/dailymed/index.cfm>.