

Additional drugs to have site-of-care requirements for some Blue Cross commercial members, starting March 15

Starting March 15, 2024, the following medical benefit drugs will have a site-of-care requirement for Blue Cross Blue Shield of Michigan group and individual commercial members:

- Bavencio® (avelumab), HCPCS code J9023
- Imfinzi® (durvalumab), HCPCS code J9173
- Imjudo® (tremelimumab-actl), HCPCS code J9347
- Jemperli™ (dostarlimab-gxly), HCPCS code J9272
- Keytruda® (pembrolizumab), HCPCS code J9271
- Libtayo® (cemiplimab-rwic), HCPCS code J9119
- Opdivo® (nivolumab), HCPCS code J9299
- Opdualag™ (nivolumab and relatlimab-rmbw), HCPCS code J9298
- Tecentriq® (atezolizumab), HCPCS code J9022
- Yervoy® (ipilimumab), HCPCS code J9228
- Zynyz™ (retifanlimab-dlwr), HCPCS code J9345

When these site-of-care requirements go into effect, these drugs may be covered only when administered at the following sites of care:

- Doctor's or other health care provider's office
- The member's home, administered by a home infusion therapy provider
- Ambulatory infusion center

These drugs already require prior authorization through the Oncology value management program, administered by Carelon Medical Benefits Management. The new site-of-care requirements are in addition to the current prior authorization requirements.

Blue Cross commercial members affected by this change

The following Blue Cross commercial members are affected by this change:

- All fully insured members (group and individual), with the exception of MESSA members
- Members who have coverage through [self-funded groups that have opted in to the Oncology value management program](#). (Although UAW Retiree Medical Benefits Trust non-Medicare plans have opted into this program, these requirements don't apply.)

Note: This requirement doesn't apply to Medicare Plus Blue members, BCN Advantage members or members who have coverage through the Blue Cross and Blue Shield Federal Employee Program®.

How site-of-care requirements will be phased in

The site-of-care requirements will apply as follows for infusions involving the drugs listed above:

- **For courses of therapy starting on or after March 15, 2024:** These infusions may not be covered at outpatient hospital facilities.
- **For courses of therapy that start before and continue beyond March 15, 2024:**
 - These infusions may not be covered at outpatient hospital facilities starting June 15, 2024.
 - To continue treatment at an outpatient hospital facility, you'll need to submit a prior authorization request to Carelon and Carelon will need to approve the request before June 15.

What to do for members who currently receive these drugs

- For Blue Cross commercial members who currently receive these drugs at an outpatient hospital facility:
 - Locate an in-network home infusion therapy provider or ambulatory infusion center at which the member may be able to continue their infusion therapy.
 - Discuss with the member how to facilitate receiving their infusions at an allowed site of care.
- For Blue Cross commercial members who currently receive these drugs at a doctor's office, at home or in an ambulatory infusion center, no action is required.

How we'll help

For members who need to transition to a new infusion location, we'll work with you and the member to facilitate the transition. We'll notify members and:

- Encourage them to talk to you before changing their infusion location
- Let them know that the change of location doesn't affect the treatment you're providing

List of requirements

- To view requirements for drugs covered under the medical benefit, refer to [the Blue Cross and BCN utilization management medical drug list](#) for Blue Cross and BCN commercial members. We'll update this list prior to the effective date.
- You can access this list and other information about submitting prior authorization requests to Carelon on the [Blue Cross Medical Benefit Drugs](#) page on our ereferrals.bcbsm.com website.

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