BlueCross BlueShield of Texas

Medical Benefit Site of Care Drug List

Select Infused and Injected Medications

This list identifies **select medications subject to Site of Care requirements**, as determined by your **TRS ActiveCare medical health plan and listed in policy ADMMEDSOC001-TRS**.

For the drugs on this list:

- Coverage is often available when you get the drug in a professional provider setting. This can be a health care provider's office, specialty clinic, home health care or a stand-alone infusion center.
- The drug is not covered when you get it in a hospital outpatient setting, unless a Site of Care exception is approved.
- These Site of Care requirements are health plan coverage rules and **do not determine coverage of the drug itself**. Your provider may need to request approval for coverage of the medication.

Medical Benefit Site of Care Exceptions

If you and your provider decide you need to get the drug in a hospital outpatient setting, your provider should submit a Site of Care medication administration benefit exception request. The request must follow your health plan's coverage rules. You may still need prior authorization, or pre-approval.

Some reasons where an exception may be granted include, but are not limited to:

- history of a moderate or severe reaction to the injection or infusion
- needing urgent access to clinical monitoring equipment and/or hospital staff
- getting the medication on the same date of service as another medication covered when given in a hospital outpatient setting
- no available outpatient Site of Care within your health plan's network or near you

Non-Oncology Medications

These select non-oncology medications are subject to Site of Care requirements only when covered under the medical benefit of your health plan and for the conditions listed. If the medication is being used for other conditions, the Site of Care requirements may not apply.

Medication	Conditions Subject to Site of Care
Skyrizi® (risankizumab)	Ulcerative colitis, Crohn's disease
Tremfya® (guselkumab)	Ulcerative colitis, Crohn's disease

Please Note: The medications on this drug list only apply to your medical health plan's Site of Care coverage requirements. Drugs on this list do not determine coverage of the medication itself, under your health plan. The drugs may be subject to approval to determine coverage of the medication, under your health plan. Participants and their health care provider have the responsibility for checking the participant's health plan, summary plan description or contract to determine if there are any exclusions or other health plan limits that may apply to this service. If there are any discrepancies between this drug list and the participant's plan materials, then the plan materials will govern.