



BlueCross BlueShield of South Carolina  
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SouthCarolinaBlues.com

December 17, 2021

Madeline Feldman, MD, FACP  
President-Coalition of State Rheumatology Organizations (CSRO)

Subject: Updates to Coverage Policy for Intravenous (Iv) Simponi and (IV) Orencia (dated December 13, 2021)

Dr. Feldman:

Thank you for reaching out and sharing the concerns outlined in your communication to us. We too place the well-being and safety of our members and patients first, thus we appreciate the opportunity to respond.

BlueCross BlueShield of SC has served the State of South Carolina for 75 years as the largest health insurer in the private and government sector insurance markets. We are, and always will be, dedicated to offering the most comprehensive and cost effective medical, pharmacy and dental coverage possible to our clients and members within and outside of South Carolina. We appreciate the opportunity to clarify some recent information about a benefit update effective January 1, 2022 across a large portion of our commercial and Exchange membership.

Effective January 1, 2022 BlueCross BlueShield of SC will offer coverage for a select number of medications, available in both IV (infusion dosage formulation) and subcutaneous (sub Q, self-administered) dose forms to require members try the subcutaneous dose form of the medication first before the IV version. This new coverage requirement is one of several enhancements we make periodically to a longstanding program we administer called Specialty Medical Benefit Management (or S.M.B.M.). Our decision to implement this enhancement was based on sound clinical evidence that these drugs, both IV and sub Q dose forms, are effective in treating the conditions for which they were approved. Given their clinical parity, we factor in the affordability of each route of administration (ROA) to create a benefit that is clinically appropriate and enables utilization of the most cost-effective dose form.

Our focus is always on the member and the impact that such a change may have. We've thus taken steps to ensure members currently on the IV versions have the opportunity to talk to their provider about continuing their therapy using the sub Q versions.

1. All CURRENT members on the IV versions can continue their IV therapy for the duration of their current prior authorization. In other words, PATIENTS ON EXISTING APPROVED IV MEDICATIONS WILL NOT BE DENIED THERAPY ON JANUARY 1, 2022 but allowed to continue their current IV therapy until the date their prior authorization expires.
2. We will also allow for additional 30-day extensions upon request on a specific patient basis for members whose current prior auths expire in January to allow members and providers to consult before moving therapy to the sub Q formulation.
3. For patients who are determined NOT to be candidates to change therapy from IV to sub Q, they will be allowed to continue their IV therapy as appropriate after review through the existing prior authorization process. THE IV VERSION WILL BE COVERED UNDER THEIR MEDICAL BENEFIT. Patients who have physical dexterity challenges with self-administering medications,

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require special dosing and/or monitoring of therapy by their provider can submit supporting documentation for review and approval to continue IV therapy.

BlueCross BlueShield of SC is not an outlier by implementing this enhancement to our medical drug benefit as many other regional and national health plans and payors employ this strategy to manage utilization and cost of medications available in both IV and sub Q dose forms. We believe we are aligned with sound clinical practices, while enabling appropriate patients to remain on IV therapy when medically necessary.

Sincerely,

*Gerald Isreal, RpH*

Gerald Isreal, RpH  
Chief Pharmacy Officer, AVP  
Pharmacy Management  
BlueCross BlueShield of SC

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