

Self-Administered Medications List

Last Updated: October 1, 2022

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Related Commercial Policy
<ul style="list-style-type: none"> Self-Administered Medications

Applicable Codes

This Self-Administered Medication List identifies medications that are usually self-administered and excluded from payment under a standard medical benefit plan. See the Medical Benefit Drug Policy titled [Self-Administered Medications](#) for additional details. Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs listed below may be covered under the medical benefit.

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Chronically used drugs delivered by other routes of administration such as oral, suppositories, and topical medications are all considered to be usually self-administered	Unclassified drugs or biologicals	C9399 J3490 J3590
Any non-chemotherapeutic/transplant medication with the ability for the patient to self-administer for chronic use	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	J8499
Abrilada (adalimumab-afzb)	Unclassified drugs or biologicals	C9399 J3590
Actemra (tocilizumab) subcutaneous	Unclassified biologics	J3590
Actimmune (interferon gamma-1b)	Injection, interferon, gamma 1-b, 3 million units	J9216
Aimovig (ereenumab)	Unclassified drugs or biologicals	C9399 J3590
Ajovy (fremanezumab-vfrm)	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J3031
Amjevita (adalimumab-atto)	Unclassified drugs or biologicals	C9399 J3590
Apokyn (apomorphine)	Injection, apomorphine hydrochloride, 1 mg (after first dose under medical supervision)	J0364
Arcalyst (rilonacept)	Injection, rilonacept, 1 mg	J2793
Arikayce (amikacin)	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	J8499
Arixtra (fondaparinux)	Injection, fondaparinux sodium, 0.5 mg	J1652

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Avonex , Avonex Pen (interferon beta-1a)	Injection, interferon beta-1a, 30 mcg Injection, interferon beta-1a, 1 mcg for intramuscular use	J1826 Q3027
Benlysta (belimumab) subcutaneous	Unclassified biologics	J3590
Betaseron (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830
Bethkis (tobramycin inhalation)	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682
Bonsity (teriparatide)	Injection, teriparatide, 10 mcg	J3110
Bravelle (urofollitropin)	Injection, urofollitropin, 75 iu	J3355
Brovana (aformoterol)	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	J7605
Bydureon (exenatide)	Unclassified drugs or biologicals	C9399 J3590
Byetta (exenatide)	Unclassified drugs or biologicals	C9399 J3590
Bynfezia, Sandostatin (octreotide acetate) subcutaneous	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J2354
Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy	Unclassified drugs or biologicals	C9047 J3590
Cayston (aztreonam lysine)	NOC drugs, inhalation solution administered through DME	J7699
Copaxone , Glatopa, glatiramer (glatiramer acetate)	Injection, glatiramer acetate, 20 mg	J1595
Cosentyx (secukinumab)	Unclassified drugs or biologicals	C9399 J3590
Cyltezo (adalimumab-adbm)	Unclassified drugs or biologicals	C9399 J3590
Dupixent (dupilumab)	Unclassified drugs or biologicals	C9399 J3590
Egrifta (tesamorelin Acetate)	Unclassified drugs	J3490
Emgality (galcanezumab-gnlm)	Unclassified drugs or biologicals	C9399 J3590
Empaveli (pegcetacoplan)	Unclassified drugs or biologicals	C9399 J3490 J3590
Enbrel (etanercept)	Injection, etanercept, 25 mg	J1438
Enspryng (satralizumab-mwge)	Unclassified drugs or biologicals	C9399 J3590
Erelzi (etanercept-szsz)	Unclassified drugs or biologicals	C9399 J3590
Eticovo (etanercept-ykro)	Unclassified drugs or biologicals	C9399 J3590
Extavia (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Fasenra (benralizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, benralizumab, 1 mg	J0517
Firazyr (icatibant)	Injection, icatibant, 1 mg	J1744
Follistim AQ (follitropin beta)	Follitropin beta	S0128 J3490
Forteo (teriparatide)	Injection, teriparatide, 10 mcg	J3110
Fragmin (dalteparin sodium)	Injection, dalteparin sodium, per 2,500 IU	J1645
Fuzeon (enfuvirtide)	Injection, enfuvirtide, 1 mg	J1324
Ganirelix acetate	Injection, ganirelix acetate, 250 mcg	S0132 J3490
Gattex (teduglutide)	Unclassified drugs or biologicals	C9399 J3490
Gonal-f (all formulations) (follitropin alfa)	Follitropin alpha	S0126 J3490
Acthar (corticotropin)	Injection, corticotropin, up to 40 units (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J0800
Haegarda (c-1 esterase inhibitor)	Injection, c-1 esterase inhibitor (human), Haegarda, 10 units	J0599
Humatrope, Genotropin, Omnitrope, Saizen, Zorbtive, Zomacton, Norditropin, Nutropin, Tev-tropin (somatotropin)	Injection, somatotropin, 1 mg	J2941
Humira (adalimumab)	Injection, adalimumab, 20 mg	J0135
Ilumya (tildrakizumab)	Injection, tildrakizumab, 1 mg	J3245
Imcivree (setmelanotide)	Unclassified drugs or biologicals	C9399 J3490
Imitrex (sumatriptan succinate)	Injection, sumatriptan succinate, 6 mg	J3030
Increlex , Iplex (mecasermin)	Injection, mecasermin, 1 mg	J2170
Innohep (tinzaparin sodium)	Injection, tinzaparin sodium, 1000 IU	J1655
Intron -A (interferon alfa-2b)	Injection, interferon, alfa-2b, recombinant, 1 million units	J9214
Kesimpta (ofatumumab)	Unclassified drugs or biologicals	C9399 J3590
Kevzara (sarilumab)	Unclassified drugs or biologicals	C9399 J3590
Kineret (anakinra)	Unclassified biologics	J3590
Kynamro (mipomersen sodium)	Unclassified drugs or biologicals	C9399 J3490
Lantus (insulin glargine)	Insulin, long acting; 5 units	S5553 S5571 J3490
Leuprolide acetate, leuprolide acetate inj	Leuprolide acetate, per 1 mg	J9218
Levemir (insulin detemir)	Unclassified drugs or biologicals	C9399 J3490

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Lovenox (enoxaparin sodium)	Injection, enoxaparin sodium, 10 mg	J1650
Menopur , Repronex (menotropins)	Injection, menotropins, 75 iu	S0122 J3490
Myalept (metreleptin)	Unclassified drugs or biologicals	C9399 J3950
Natpara (parathyroid hormone)	Unclassified drugs or biologicals	C9399 J3590
Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, mepolizumab, 1 mg	J2182
Orencia (abatacept) (subcutaneous)	Injection, abatacept, 10 mg Unclassified biologics	J0129 J3590
Otrexup, Rasuvo, RediTrex (Methotrexate - Solution Auto-injector)	Unclassified drugs or biologicals	C9399 J3490
Ovidrel (choriogonadotropin alpha)	Unclassified drugs	J3490
Ozempic (semaglutide)	Unclassified drugs or biologicals	C9399 J3490
Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	J8499
Palynziq (pegvaliase)	Unclassified drugs or biologicals	C9399 J3590
Pegasys (interferon alfa-2a, pegylated)	Injection, pegylated interferon alfa-2a, 180 mcg per ml	S0145 J3590
Pegintron (Peginterferon Alfa-2b)	Injection, pegylated interferon alfa-2a, 180 mcg per ml	S0148 J3590
Perforomist (formoterol fumarate)	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	J7606
Plegridy (Peginterferon beta-1a)	Unclassified drugs or biologicals	C9399 J3590
Praluent (alirocumab)	Unclassified drugs or biologicals	C9399 J3590
Pregnyl , Novarel (chorionic gonadotropin)	Injection, chorionic gonadotropin, per 1,000 USP units	J0725
Pulmozyme (dornase alfa)	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J7639
Rebif (Interferon beta-1a)	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Q3028 C9399 J3590
Relistor (methylnaltrexone)	Injection, methylnaltrexone, 0.1 mg	J2212
Repatha (evolucumab)	Unclassified drugs or biologicals	C9399 J3590
Ruconest (c-1 esterase inhibitor, recombinant)	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	J0596

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Signifor (pasireotide)	Unclassified drugs or biologicals	C9399 J3490
Siliq (brodalumab)	Unclassified drugs or biologicals	C9399 J3590
Simponi (golimumab)	Unclassified drugs or biologicals	C9399 J3590
Skyrizi (risankizumab-rzaa) <ul style="list-style-type: none"> 150 mg/mL single-dose prefilled pen 150 mg/mL single-dose prefilled syringe 75 mg/0.83 mL single-dose prefilled syringe 360 mg/2.4 mL (150 mg/mL) single-dose prefilled cartridge 	Unclassified drugs or biologicals	C9399 J3590
Soliqua (insulin glargine/lixisenatide)	Unclassified drugs or biologicals	C9399 J3490
Somavert (pegvisomant)	Unclassified drugs or biologicals	C9399 J3490
Stelara (ustekinumab)	Ustekinumab, for subcutaneous injection, 1 mg	J3357
Strensiq (asfotase alfa)	Unclassified drugs or biologicals	C9399 J3590
Sumatriptan succinate	Injection, sumatriptan, succinate, 6 mg	J3030
Sumavel (sumatriptan succinate)	Injection, sumatriptan, succinate, 6 mg	J3030
Sylatron (peginterferon alfa-2b)	Peginterferon alfa-2b	C9399 J9999
Symlin (pramlintide acetate)	Unclassified drugs	J3490
Symlin, symlinpen 60, symlinpen 120 (Pramlintide acetate)	Unclassified drugs	J3490
Synribo (omacetaxine mepesuccinate)	Injection, omacetaxine mepesuccinate, 0.01 mg	J9262
Takhzyro (lanadelumab-flyo)	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J0593
Taltz (ixekizumab)	Unclassified drugs or biologicals	J3590
Tanzeum (albiglutide)	Unclassified drugs or biologicals	C9399 J3490
Tegsedi (inotersen)	Unclassified drugs	C9399 J3490
Toujeo (Insulin glargine)	Unclassified drugs or biologicals	C9399 J3590
Toujeo solostar (insulin glargine)	Insulin delivery device, disposable pen (including insulin); 1.5 ml size	S5570 C9399 J3490
Tremfya (guselkumab)	Injection, guselkumab, 1 mg	J1628
Trulicity (dulaglutide)	Unclassified drugs or biologicals	C9399 J3590
Tymlos (abaloparatide)	Unclassified drugs or biologicals	C9399 J3490

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Tyvaso (treprostinil)	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J7686
Ventavis (iloprost)	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Q4074
Vyleesi (bremelanotide)	Unclassified drugs or biologicals	C9399 J3490
Xolair (omalizumab), prefilled syringe labeled for self-administration	Injection, omalizumab, 5 mg	J2357
Xultophy, Victoza, Saxenda (liraglutide)	Unclassified drugs or biologicals	C9399 J3490
Xyosted (testosterone enanthate)	Unclassified drugs or biologicals	C9399 J3490
Yupelri (revefenacin)	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1mcg	J7677
Zembrace (sumatriptan succinate)	Unclassified drugs or biologicals	C9399 J3490

List History/Revision Information

Date	Summary of Changes
10/01/2022	<ul style="list-style-type: none"> Added dosage information for Skyrizi (risankizumab-rzaa)
07/01/2021	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Imcivree (setmelanotide) (HCPCS codes C9399 and J3490) Xolair (omalizumab) (HCPCS code J2357)
06/07/2021	<ul style="list-style-type: none"> Added Empaveli (pegcetacoplan) (HCPC codes C9399, J3590, and J3490)
09/01/2020	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Enspryng (satralizumab-mwge) (HCPCS codes C9399 and J3590) Kesimpta (ofatumumab) (HCPCS codes C9399 and J3590) Updated Ilumya (tildrakizumab); replaced description and HCPCS codes C9399 and J3590 with J3245
08/01/2020	<ul style="list-style-type: none"> Reformatted list; transferred content to new template
03/17/2020	<ul style="list-style-type: none"> Updated Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration; replaced description and HCPCS code J2786 with J2182
02/07/2020	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Abrilada (adalimumab-afzb) (HCPCS codes C9399 and J3590) Bonsity (teriparatide) (HCPCS code J3110) RediTrex (Methotrexate - Solution Auto-injector) (HCPCS codes C9399 and J3490) Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp] (HCPCS code J8499) Bynfezia (HCPCS code J2354) Removed Cimzia (certolizumab pegol) (HCPCS code J0717) Updated list of applicable HCPCS codes for Haegarda (c-1 esterase inhibitor); replaced J3590 with J0599
10/01/2019	<ul style="list-style-type: none"> Added Fasentra (benralizumab) autoinjector, prefilled syringe labeled for self-administration (HCPCS code J0517) Removed Hemlibra (emicizumab) Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> <i>Ajovy (fremanezumab-vfrm)</i>

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Replaced J3590 with J3031* ○ Removed C9040* <p><i>Cimzia (certolizumab pegol)</i></p> <ul style="list-style-type: none"> ○ Revised description for J0717 <p><i>Takhzyro (lanadelumab-flyo)</i></p> <ul style="list-style-type: none"> ○ Replaced J3590 with J0593* <p>(*quarterly code edit)</p>
08/01/2019	<ul style="list-style-type: none"> ● Added Vyleesi (bremelanotide) (HCPCS codes C9399 and J3490)
07/01/2019	<ul style="list-style-type: none"> ● Added: <ul style="list-style-type: none"> ○ Eticovo (etanercept-ykro) (HCPCS codes C9399 and J3590) ○ Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration (HCPCS code J2786) ○ Skyrizi (risankizumab-rzaa) (HCPCS codes C9399 and J3590) ○ Yupelri (revefenacin) (HCPCS code J7677*) ● Updated list of applicable HCPCS codes for: <ul style="list-style-type: none"> ○ Avonex, Avonex Pen (interferon beta-1a): Added J1826 ○ Cablivi (caplacizumab-yhdp): Replaced C9399 with C9047* ○ Tremfya (guselkumab): Replaced J3590 with J1628 <p>(*quarterly code edit)</p>
06/01/2019	<ul style="list-style-type: none"> ● Removed Firmagon (degarelix) (HCPCS code J9155)
04/01/2019	<ul style="list-style-type: none"> ● Updated list of applicable HCPCS codes for Ajovy (fremanezumab-vfrm) to reflect quarterly code edits; replaced C9399 with C9040
03/01/2019	<ul style="list-style-type: none"> ● Added Cablivi (caplacizumab-yhdp) for subcutaneous doses following the first day of therapy (HCPCS codes C9399 and J3590)
01/23/2019	<ul style="list-style-type: none"> ● Added Xyosted (testosterone enanthate) (HCPCS codes C9399 and J3490)
01/01/2019	<ul style="list-style-type: none"> ● Updated list of applicable HCPCS codes to reflect annual code edits; removed C9015 and C9029

Instructions for Use

This Medical Benefit Drug List provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug List is provided for informational purposes. It does not constitute medical advice.