

Self-Administered Medications

Policy Number: 2019D0073D
Effective Date: August 1, 2019

[➔ Instructions for Use](#)

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Related Commercial Policies
<ul style="list-style-type: none"> • Hereditary Angioedema (HAE), Treatment and Prophylaxis • Ilumya™ (Tildrakizumab-Asmn) • Repository Corticotropin Injection (Acthar Gel®) • Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®) • Stelara® (Ustekinumab)
Community Plan Policy
<ul style="list-style-type: none"> • Self-Administered Medications List

Coverage Rationale

[➔ See Benefit Considerations](#)

Self-administered medications are excluded from standard medical benefit plans.

We will determine if a medication is self-administered based on the following:

- Medication is not typically administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting; and
- Medication does not require continuous or periodic monitoring immediately before, during, or after administration by a qualified provider or licensed/certified health professional in an outpatient setting; and
- Route of administration (e.g., oral, inhaled, intranasal, topical, rectal, subcutaneous or self-injectable intramuscular injections); and
- Dosage form (e.g., prefilled syringe, auto-injector, tablet, capsule, suppository, nasal spray, metered dose inhaler, nebulized solution); and
- Acuity of condition (e.g., chronic disease); and
- Frequency of administration; and
- The medication is not specifically allowed under the medical benefit; and
- Standards of medical practice allowing for self-administration (e.g., self-infused hemophilia factor); and
- Evaluation of any established medical literature or compendia including but not limited to:
 - FDA approved prescribing information
 - Manufacturer provided medical literature
 - Peer reviewed medical literature
 - Evidence-based practice guidelines
 - Self-administration utilization statistics
 - Compendia (e.g., IBM Micromedex® DRUGDEX®, Clinical Pharmacology)

Applicable Codes

Refer to the [Self-Administered Medications List](#) for applicable HCPCS codes for medications UnitedHealthcare has determined to be “self-administered” based upon the review of evidence stated within the [Coverage Rationale](#). Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs on the [Self-Administered Medications List](#) may be covered under the medical benefit.

Revenue Code	Description
0637	Self-administered drugs (use this revenue code for self-administered drugs not requiring detailed coding)

Background

Medications administered by the patient that do not require direct supervision by a qualified provider or licensed/certified health professional are considered self-administered drugs and not covered under the medical benefit.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. See the Policy and Procedure addressing the treatment of serious rare diseases.

Centers for Medicare and Medicaid Services (CMS)

Medicare does not have a National Coverage Determination (NCD) specific to the self-administration of drugs. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist. Refer to the following LCDs/LCAs at

<https://www.cms.gov/medicare-coverage-database/overview-and-quick-search.aspx?kq=true>:

- Process for Determining Self-Administered Drug Exclusions – Medical Policy Article
- Self-Administered Drugs - Process To Determine Which Drugs Are Usually Self-Administered by the Patient
- Self-Administered Drug Exclusion List
- Self-Administered Drug Exclusion List and Biologicals Excluded from Coverage - Medical Policy Article (R7)
- Self-Administered Drug Exclusion List (SAD List)
- Self-Administered Drug Exclusion List and Biologicals Excluded from Coverage - Medical Policy Article
- Self-administered drug (SAD) list Praluent® (alirocumab), Repatha™ (evolocumab), and Natpara® (parathyroid hormone) J3490/J3590/C9399
- Self-administered drug (SAD) list revision to the Part A and Part B article: asfotase alfa (Strensiq™) J3490/J3590/C9399
- Self-administered drug (SAD) list revision to the Part A and Part B article

In general, Medicare covers outpatient (Part B) drugs that are furnished "incident to" a physician's service provided that the drugs are not usually self-administered by the patients who take them. Refer to the [Medicare Benefit Policy Manual, Chapter 15, §50 - Drugs and Biologicals](#).

References

1. IBM Micromedex® DRUGDEX® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: <http://www.micromedexsolutions.com/>
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; insert current year of copyright. URL: <http://www.clinicalpharmacology.com>.

3. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.
4. [Drugs@FDA: FDA Approved Drug Products](#)

Policy History/Revision Information

Date	Summary of Changes
09/01/2020	<p>Related Medications List</p> <ul style="list-style-type: none"> ● Modified <i>Self-Administered Medications List</i>: <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	<p>Template Update</p> <ul style="list-style-type: none"> ● Reformatted policy; transferred content to new template
03/17/2020	<p>Related Medications List</p> <ul style="list-style-type: none"> ● Modified <i>Self-Administered Medications List</i>: <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	<p>Related Medications List</p> <ul style="list-style-type: none"> ● Modified <i>Self-Administered Medications List</i>: <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
08/01/2019	<p>Template Update</p> <ul style="list-style-type: none"> ● Reorganized policy template; relocated <i>Background</i> section <p>Related Policies</p> <ul style="list-style-type: none"> ● Added reference link to the Medical Benefit Drug Policy titled <i>Respiratory Interleukins (Cinqair[®], Fasentra[®], and Nucala[®])</i> <p>Coverage Rationale</p> <ul style="list-style-type: none"> ● Updated list of examples of routes of administration: <ul style="list-style-type: none"> ○ Added: <ul style="list-style-type: none"> ▪ Inhaled ▪ Intranasal ○ Replaced “<i>some</i> intramuscular injections” with “<i>self-injectable</i> intramuscular injections” ● Updated list of examples of dosage forms; added: <ul style="list-style-type: none"> ○ Metered dose inhaler ○ Nasal spray ○ Nebulized solution <p>Supporting Information</p> <ul style="list-style-type: none"> ● Updated <i>CMS</i> section to reflect the most current information ● Archived previous policy version 2019D0073C

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard 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 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 Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)).

UnitedHealthcare may also use tools developed by third parties, such as the MCG™ Care Guidelines, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.