

Self-Administered Medication List

Last Updated: March 1, 2024

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

Applicable States

This Medical Benefit Drug List applies to Individual Exchange benefit plans in all states except for Massachusetts, Nevada, and New York.

Applicable Codes

For All States

This Self-Administered Medication List identifies medications that are usually self-administered and excluded from payment under a standard medical benefit plan. Refer to 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	HCPCS 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 biologics	J3490 J3590
Any chemotherapeutic medication with the ability for the patient to self-administer for chronic use	Prescription drug, oral, chemotherapeutic, Not Otherwise Specified	J8999
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 biologicsInjection, adalimumab-afzb (Abrilada), biosimilar, 10 mg	Q5132
Actemra (tocilizumab), subcutaneous	Injection, tocilizumab, 1 mg	J3262 J3590
Acthar Gel (corticotropin)	Injection, corticotropin (acthar gel), up to 40 units	J0801
Actimmune (interferon gamma-1b)	Injection, interferon, gamma 1-b, 3 million units	J9216
Aimovig (ereenumab)	Unclassified biologics	J3590

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)
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
Alsuma (sumatriptan succinate)	Injection, sumatriptan, succinate, 6 mg (code may be used for Medicare when drug administered under direct supervision of a physician; not for use when drug is self-administered)	J3030
Amjevita (adalimumab-atto)	Unclassified biologics	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
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	Injection, belimumab, 10 mg	J0490 J3590
Besremi (ropeginterferon alfa-2b-njft)	Not otherwise classified, antineoplastic drugs	J9999
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
Brovana (aformoterol)	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	J7605
Bydureon (exanatide)	Unclassified drugs	J3490
Byetta (exanatide)	Unclassified drugs	J3490
Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy	Injection, caplacizumab-yhdp, 1 mg Unclassified biologics	C9047 J3590
Cayston (aztreonam lysine)	NOC drugs, inhalation solution administered through DME	J7699
Cimzia	Injection, certolizumab pegol, 1 mg	J0717
Copaxone (glatiramer acetate)	Injection, glatiramer acetate, 20 mg	J1595
Cosentyx (secukinumab)	Unclassified biologics	J3590
Cyltezo (adalimumab-adbm)	Unclassified biologics	J3590
Descovy (emtricitabine and tenofovir alafenamide) (for PrEP)	Emtricitabine 200 mg and tenofovir alafenamide 25 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	J0751
Dupixent (dupilumab)	Unclassified biologics	J3590
Egrifta (tesamorelin Acetate)	Unclassified biologics	J3590
Emgality (galcanezumab-gnlm)	Unclassified biologics	J3590
Empaveli (pegcetacoplan)	Unclassified drugs	J3490
Enbrel (etanercept)	Injection, etanercept, 25 mg	J1438
Enspryng (satralizumab-mwge)	Unclassified biologics	J3590

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)
Erelzi (etanercept-szsz)	Unclassified biologics	J3590
Eticovo (etanercept-ykro)	Unclassified biologics	J3590
Extavia (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830
Fasenra (benralizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, benralizumab, 1 mg	J0517
Firazyr, Icatibant	Injection, icatibant, 1 mg	J1744
Forteo (teriparatide), Teriparatide	Injection, teriparatide, 10 mcg	J3110
Fragmin (dalteparin sodium)	Injection, dalteparin sodium, per 2,500 IU	J1645
Furoscix (furosemide)	Injection, furosemide (furoscix), 20 mg	J1941
Fuzeon (enfuvirtide)	Injection, enfuvirtide, 1 mg	J1324
Gattex (teduglutide)	Unclassified drugs	J3490
Glatiramer Acetate	Injection, glatiramer acetate, 20 mg	J1595
Glatopa (glatiramer acetate)	Injection, glatiramer acetate, 20 mg	J1595
Growth Hormone (somatropin) Humatrope, Genotropin, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton (somatropin)	Injection, somatropin, 1 mg	J2941
Hadlima (adalimumab-bwwd)	Unclassified biologics	J3590
Haegarda (c-1 esterase inhibitor)	Injection, c-1 esterase inhibitor (human), Haegarda, 10 units	J0599
Hulio (adalimumab-fkjp)	Unclassified biologics	J3590
Humira (adalimumab)	Injection, adalimumab, 20 mg	J0135
Hyrimoz (adalimumab-adaz)	Unclassified biologics	J3590
Idacio (adalimumab-aacf)	Injection, adalimumab-aacf (Idacio), biosimilar, 20 mg	Q5131
Ilumya (tildrakizumab)	Injection, tildrakizumab, 1 mg	J3245
Imcivree (setmelanotide)	Unclassified drugs	J3490
Imitrex (sumatriptan succinate)	Injection, sumatriptan, succinate, 6 mg (code may be used for Medicare when drug administered under direct supervision of a physician; not for use when drug is self-administered)	J3030
Increlex (mecasermin)	Injection, mecasermin, 1 mg	J2170
Insulin (all formulations)	Injection, insulin, per 5 units Insulin for administration through DME (i.e., insulin pump) per 50 units Insulin, long acting; 5 units Insulin delivery device, disposable pen (including insulin); 1.5 mL size Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 J1817 J3490 S5553 S5570 S5571
Kesimpta (ofatumumab)	Unclassified biologics	J3590
Kevzara (sarilumab)	Unclassified biologics	J3590
Kineret (anakinra)	Unclassified biologics	J3590
Kitabis PAK (tobramycin Inhalation)	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)
Leuprolide acetate	Leuprolide acetate, per 1 mg	J9218
Lovenox (enoxaparin sodium)	Injection, enoxaparin sodium, 10 mg	J1650
Miacalcin (calcitonin)	Injection, calcitonin salmon, up to 400 units	J0630
Mounjaro (tirzepatide)	Unclassified drugs	J3490
Myalept (metreleptin)	Unclassified biologics	J3590
Natpara (parathyroid hormone)	Unclassified biologics	J3590
Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, mepolizumab, 1 mg	J2182
Octreotide Acetate, subcutaneous	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J2354
Orencia (abatacept), subcutaneous	Injection, abatacept, 10 mg	J0129
Otrexup (Methotrexate – Solution Auto-injector)	Unclassified biologics	J3590
Ozempic (semaglutide)	Unclassified drugs	J3490
Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]	Unclassified drugs	J3490
Palynziq (pegvaliase)	Unclassified biologics	J3590
Pegasys (interferon alfa-2a, pegylated)	Injection, pegylated interferon alfa-2a, 180 mcg per ml Unclassified biologics	S0145 J3590
Pegintron (Peginterferon Alfa-2b)	Injection, pegylated interferon alfa-2b, 10 mcg Unclassified biologics	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 biologics	J3590
Praluent (alirocumab)	Unclassified biologics	J3590
Pulmozyme (dornase alfa)	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J7639
Purified Corticotropin Gel	Injection, corticotropin (ani), up to 40 units	J0802
Rasuvo (Methotrexate – Solution Auto-injector)	Unclassified drugs	J3490
Rebif (Interferon beta-1a)	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Q3028
RediTrex (Methotrexate – Solution Auto-injector)	Unclassified drugs	J3490
Relistor (methylnaltrexone)	Injection, methylnaltrexone, 0.1 mg	J2212
Repatha (evolucumab)	Unclassified biologics	J3590
Ruconest (c-1 esterase inhibitor, recombinant)	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	J0596
Sandostatin (octreotide acetate), subcutaneous	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J2354
Saxenda (liraglutide)	Unclassified drugs	J3490
Sensipar, Cinacalcet	Cinacalcet, oral, 1 mg, (for ESRD on dialysis)	J0604
Signifor (pasireotide)	Unclassified drugs	J3490

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)
Siliq (brodalumab)	Unclassified biologics	J3590
Simponi (golimumab)	Unclassified biologics	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 biologics	J3590
Soliqua (insulin glargine/lixisenatide)	Unclassified biologics	J3590
Somavert (pegvisomant)	Unclassified biologics	J3590
Stelara (ustekinumab)	Ustekinumab, for subcutaneous injection, 1 mg	J3357
Strensiq (asfotase alfa)	Unclassified biologics	J3590
Sumatriptan succinate	Injection, sumatriptan, succinate, 6 mg	J3030
Symlin (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 biologics	J3590
Tegsedi (inotersen)	Unclassified drugs	J3490
Temodar, Temozolomide	Temozolomide, oral, 5 mg	J8700
Tezspire (tezepelumab -ekko), prefilled syringe labeled for self-administration	Injection, reprotini-ekko, 1 mg	J2356
TOBI (tobramycin inhalation)	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682
Tobramycin Inhalation Solution	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682
Tremfya (guselkumab)	Injection, guselkumab, 1 mg	J1628
Trulicity (dulaglutide)	Unclassified drugs	J3490
Truvada (emtricitabine and tenofovir disoproxil fumarate tablet) (for PrEP)	Emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg, oral, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (not for use as treatment of HIV)	J0750
Tymlos (abaloparatide)	Unclassified drugs	J3490
Tyvaso (reprostiril)	Treprostiril, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J3535
Ventavis (iloprost)	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Q4074
Victoza (liraglutide)	Unclassified drugs	J3490
Voxzogo (vosoritide)	Unclassified drugs	J3490
Wainua (eplontersen)	Unclassified biologics	J3590

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)
Xeloda, Capecitabine	Capecitabine, oral, 150 mg	J8520
	Capecitabine, oral, 500 mg	J8521
Xolair (omalizumab), pre-filled syringe labeled for self-administration	Injection, omalizumab, 5 mg	J2357
Xultophy (insulin degludec, liraglutide)	Unclassified drugs	J3490
Xyosted (testosterone enanthate)	Unclassified drugs	J3490
Yuflyma (adalimumab-aaty)	Unclassified biologics	J3590
Yupelri (revefenacin)	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1mcg	J7677
Yusimry (adalimumab-aqvh)	Unclassified biologics	J3590
Zembrace (sumatriptan)	Unclassified drugs	J3490
Zilbrysq (zilucoplan)	Unclassified biologics	J3590
Zortress, Everolimus	Everolimus, oral, 0.25 mg	J7527

For the States of Illinois, Kansas, Maryland, New Jersey, and North Carolina Only

In addition to the drugs listed above, the following table outlines additional medications by state:

Medication/Brand Name	Description/Generic Name	HCPCS Code(s)	Applicable States
Cetrotide (cetorelix acetate)	Unclassified drugs or biologics	J3490	Illinois, Kansas, Maryland, North Carolina
Follistim AQ (follitropin beta)	Injection, follitropin beta, 75 IU	S0128 J3590	Illinois, Kansas, Maryland, New Jersey, North Carolina
Ganirelix acetate	Injection, ganirelix acetate, 250 mcg	S0132 J3490	Illinois, Kansas, Maryland, North Carolina
Gonal-f (all formulations) (follitropin alfa)	Injection, follitropin alfa, 75 IU	S0126 J3590	Illinois, Kansas, Maryland, New Jersey, North Carolina
Menopur (menotropins)	Injection, menotropins, 75 IU	S0122 J3590	Illinois, Kansas, Maryland, New Jersey, North Carolina
Novarel (chorionic gonadotropin)	Injection, chorionic gonadotropin, per 1,000 USP units	J0725	Illinois, Kansas, Maryland, New Jersey, North Carolina
Ovidrel (choriogonadotropin alpha)	Unclassified drugs	J3590	Illinois, Kansas, Maryland, New Jersey, North Carolina
Pregnyl (chorionic gonadotropin)	Injection, chorionic gonadotropin, per 1,000 USP units	J0725	Illinois, Kansas, Maryland, New Jersey, North Carolina

List History/Revision Information

Date	Summary of Changes
03/01/2024	<p>All States</p> <ul style="list-style-type: none"> • Added: <ul style="list-style-type: none"> ○ Furoscix (HCPCS J1941) ○ Mounjaro (HCPCS code J3490) ○ Wainua (HCPCS code J3590) ○ Zilbrysq (HCPCS code J3590)

Date	Summary of Changes
01/01/2024	<ul style="list-style-type: none"> • Updated list of applicable HCPCS codes for Myalept; replaced J3490 with J3590 <p>All States</p> <ul style="list-style-type: none"> • Updated list of applicable HCPCS codes for Abrilada (adalimumab-afzb) to reflect annual edits; replaced J3590 with Q5132 • Added: <ul style="list-style-type: none"> ○ Descovy (emtricitabine and tenofovir alafenamide) (for PrEP) (HCPCS code J0751) ○ Truvada (emtricitabine and tenofovir disoproxil fumarate tablet) (for PrEP) (HCPCS code J0750)
10/01/2023	<p>All States</p> <ul style="list-style-type: none"> • Added: <ul style="list-style-type: none"> ○ Acthar Gel (corticotropin) (HCPCS code J0801) ○ Hadlima (adalimumab-bwwd) (HCPCS code J3590) ○ Hulio (adalimumab-fkjp) (HCPCS code J3590) ○ Hyrimoz (adalimumab-adaz) (HCPCS code J3590) ○ Purified Cortrophin Gel (corticotropin) (HCPCS code J0802) ○ Saxenda (liraglutide) ○ Sandostatin (octreotide acetate) subcutaneous (HCPCS code J2354) ○ Serostim (somatropin) (HCPCS code J2941) ○ Teriparatide (HCPCS code J3110) ○ Tezspire (tezepelumab-ekko), prefilled syringe labeled for self-administration (HCPCS code J2356) ○ Yuflyma (adalimumab-aaty) (HCPCS code J3590) ○ Yusimry (adalimumab-aqvh) (HCPCS code J3590) • Removed: <ul style="list-style-type: none"> ○ Bonsity (teriparatide) (HCPCS code J3110) ○ Bynfezia (octreotide acetate) (HCPCS code J2354) ○ H.P. Acthar (corticotropin) (HCPCS code J0800) ○ Innohep (tinzaparin sodium) (HCPCS code J1655) ○ Intron -A (interferon alfa-2b) (HCPCS code J9214) ○ Kynamro (mipomersen sodium) (HCPCS code J3490) ○ Sylatron (peginterferon alfa-2b) (HCPCS code J9999) ○ Tev-tropin (somatropin) (HCPCS code J2941) ○ Zorbtive (somatropin) (HCPCS code J2941) • Replaced: <ul style="list-style-type: none"> ○ “Idacio (adalimumab)” with “Idacio (adalimumab-<i>aacf</i>)” ○ “Symlin<i>Pen</i> (pramlintide acetate)” with “Symlin (pramlintide acetate)” • Updated list of applicable HCPCS codes and/or descriptions for: <ul style="list-style-type: none"> ○ Abrilada (adalimumab-afzb) ○ Aimovig (erenumab) ○ Altuviio [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehl] ○ Amjevita (adalimumab-atto) ○ Besremi (ropeginterferon alfa-2b-njft) ○ Bydureon (exanatide) ○ Byetta (exanatide) ○ Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy ○ Cosentyx (secukinumab) ○ Cyltezo (adalimumab-adbm) ○ Dupixent (dupilumab) ○ Egrifta (tesamorelin Acetate) ○ Emgality (galcanezumab-gnlm) ○ Empaveli (pegcetacoplan) ○ Enspryng (satralizumab-mwge) ○ Erelzi (etanercept-szsz)

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Eticovo (etanercept-ykro) ○ Gattex (teduglutide) ○ Imcivree (setmelanotide) ○ Kesimpta (ofatumumab) ○ Kevzara (sarilumab) ○ Myalept (metreleptin) ○ Natpara (parathyroid hormone) ○ Orencia (abatacept), subcutaneous ○ Otrexup ○ (Methotrexate -- Solution Auto-injector) ○ Ozempic (semaglutide) ○ Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp] ○ Palynziq (pegvaliase) ○ Pegasys (interferon alfa-2a, pegylated) ○ Pegintron (Peginterferon Alfa-2b) ○ Plegridy (Peginterferon beta-1a) ○ Praluent (alirocumab) ○ Rasuvo (Methotrexate – Solution Auto-injector) ○ Rebif (Interferon beta-1a) ○ RediTrex (Methotrexate – Solution Auto-injector) ○ Repatha (evolucumab) ○ Signifor (pasireotide) ○ Siliq (brodalumab) ○ Simponi (golimumab)Skyrizi (risankizumab-rzaa) ○ Soliqua (insulin glargine/lixisenatide) ○ Somavert (pegvisomant) ○ Strensiq (asfotase alfa) ○ Taltz (ixekizumab) ○ Trulicity (dulaglutide) ○ Tymlos (abaloparatide) ○ Tyvaso (treprostinil) ○ Victoza (liraglutide) ○ Voxzogo (vosoritide) ○ Xultophy (insulin degludec, liraglutide) ○ Xyosted (testosterone enanthate) ○ Zembrace (sumatriptan) <p>Illinois, Kansas, Maryland, and North Carolina Only</p> <ul style="list-style-type: none"> ● Replaced HCPCS code J3490 with J3590 for: <ul style="list-style-type: none"> ○ Follistim AQ (follitropin beta) ○ Gonal-f (all formulations) (follitropin alfa) ○ Menopur (menotropins) ○ Ovidrel (choriogonadotropin alpha) ● Removed: <ul style="list-style-type: none"> ○ Bravelle (urofollitropin) (HCPCS code J3355)
06/01/2023	<p>All States</p> <ul style="list-style-type: none"> ● Added Altuviii™ [antihemophilic factor (recombinant), Fc-VWF-XTEN fusion protein-ehl] (HCPCS codes J3490 and J3590)
02/01/2023	<ul style="list-style-type: none"> ● Added Sevenfact (Factor VIIa, recombinant) (HCPCS code J7212) ● Replaced “Xolair (omalizumab)” with “Xolair (omalizumab), <i>prefilled syringe labeled for self-administration</i>”
10/01/2022	<ul style="list-style-type: none"> · Added dosage information for Skyrizi (risankizumab-rzaa)

Date	Summary of Changes
04/01/2022	<ul style="list-style-type: none"> • Added Besremi (ropeginterferon alfa-2b-njft) (HCPCS code J9999) • Updated list of applicable HCPCS codes for Purified Cortrophin Gel (corticotropin) and Voxzogo (vosoritide); removed C9399

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.