

MEDICAL POLICY

POLICY TITLE	SELF- ADMINISTERED MEDICATIONS
POLICY NUMBER	MP 2.176

CLINICAL BENEFIT	<input type="checkbox"/> MINIMIZE SAFETY RISK OR CONCERN. <input type="checkbox"/> MINIMIZE HARMFUL OR INEFFECTIVE INTERVENTIONS. <input type="checkbox"/> ASSURE APPROPRIATE LEVEL OF CARE. <input type="checkbox"/> ASSURE APPROPRIATE DURATION OF SERVICE FOR INTERVENTIONS. <input type="checkbox"/> ASSURE THAT RECOMMENDED MEDICAL PREREQUISITES HAVE BEEN MET. <input checked="" type="checkbox"/> ASSURE APPROPRIATE SITE OF TREATMENT OR SERVICE.
Effective Date:	1/1/2025

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I. POLICY

NOTE: This policy only applies to Commercial Products

For the purposes of this policy, “Self-administered” medications are medications which have been identified as being medically appropriate for administration by a patient or caregiver, safely and effectively, without medical supervision. In identifying medications considered to be appropriate for self-administration the medication must be:

- Prescribed by an eligible healthcare provider and,
- Identified in published literature as safe and effective for self-administration with or without proper instruction or initial observation (e.g. Medicare guidelines, FDA recommendations)

The route of administration is irrelevant to the appropriateness of self-administration. Self – administered medications may be administered orally (by mouth), subcutaneously (under the skin), topically, by inhalation, or occasionally by intramuscular injection.

The inability of a caregiver or member to self-administer a medication does not constitute an exception from the designation of a medication as self- administered.

In general, those medications determined to be “self- administered medications” are **not** eligible for reimbursement consideration under the member’s medical benefit. Self-administered drugs **are only** eligible for reimbursement consideration under the member’s pharmacy benefit, whether provided through Capital Blue Cross or another Insurer.

In the event it is necessary for an eligible provider to administer a “self-administered medication”, for any reason, only the administration service will be eligible for reimbursement consideration under the medical benefit.

Attachment A represent medications Capital Blue Cross considers to be “self-administered”, as defined herein, and therefore are not eligible for reimbursement consideration under the Medical Benefit unless otherwise mandated by law (e.g. insulin and/or medications required for the treatment of diabetes or for emergent treatment). These listings are subject to change as

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new medications come to market or additional medications are identified as safe, effective, and appropriate for self-administration

Cross-reference:

MP 2.103 Off-Label Use of Medications and Other Interventions

MP 2.001 Allergy Testing and Immunotherapy

II. PRODUCT VARIATIONS

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This policy is only applicable to certain programs and products administered by Capital Blue Cross and subject to benefit variations as discussed in Section VI. Please see additional information below.

FEP PPO - Refer to FEP Medical Policy Manual. The FEP Medical Policy manual can be found at:

<https://www.fepblue.org/benefit-plans/medical-policies-and-utilization-management-guidelines/medical-policies>.

Indemnity: Groups that have an embedded prescription medication in the major medical component of their Traditional plan are excluded from this medical policy.

III. DESCRIPTION/BACKGROUND

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Medications that are administered orally, via inhalation, subcutaneously (SQ), or sometimes intramuscularly (IM), are drugs that can be safely given by a patient or caregiver without medical supervision. These drugs are considered “self-administered”. Professional providers should educate patients and caregivers on techniques to safely administer injectable medications and medications administered by oral inhalation via nebulization.

IV. RATIONALE

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The intent of this policy is to document and define the benefit under which self-administered prescription medications are eligible for reimbursement consideration. For those medications that are self-administered, Capital Blue Cross members are required to use their pharmacy benefit if one exists and acquire the medication through a pharmacy provider or preferred vendor.

V. DEFINITIONS

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N/A

VI. BENEFIT VARIATIONS

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The existence of this medical policy does not mean that this service is a covered benefit under the member's health benefit plan. Benefit determinations should be based in all cases on the applicable health benefit plan language. Medical policies do not constitute a description of

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benefits. A member's health benefit plan governs which services are covered, which are excluded, which are subject to benefit limits, and which require preauthorization. There are different benefit plan designs in each product administered by Capital Blue Cross. Members and providers should consult the member's health benefit plan for information or contact Capital Blue Cross for benefit information.

VII. DISCLAIMER

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Capital Blue Cross' medical policies are developed to assist in administering a member's benefits, do not constitute medical advice and are subject to change. Treating providers are solely responsible for medical advice and treatment of members. Members should discuss any medical policy related to their coverage or condition with their provider and consult their benefit information to determine if the service is covered. If there is a discrepancy between this medical policy and a member's benefit information, the benefit information will govern. If a provider or a member has a question concerning the application of this medical policy to a specific member's plan of benefits, please contact Capital Blue Cross' Provider Services or Member Services. Capital Blue Cross considers the information contained in this medical policy to be proprietary and it may only be disseminated as permitted by law.

VIII. CODING INFORMATION

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Note: This list of codes may not be all-inclusive, and codes are subject to change at any time. The identification of a code in this section does not denote coverage as coverage is determined by the terms of member benefit information. In addition, not all covered services are eligible for separate reimbursement.

- ♦ ***Specific coding for this medical policy is found in the attachments to the policy listed below.***

IX. REFERENCES

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1. *NCCN Drug and Biologics Compendium. Fort Washington, PA: National Comprehensive Cancer Network (NCCN); Updated periodically.*
2. *Physicians' Desk Reference (PDR). Montvale, NJ: Thomson PDR; Updated periodically.*

X. POLICY HISTORY

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MP 2.176	09/11/2020 Consensus Review. Policy statement unchanged. Product variation, benefit variation, and disclaimer updated. References and coding reviewed.
	07/28/2021 Minor Review. Added Empaveli with code J3490 to the self-administered medication table (Attachment A). Product variation updated.
	09/29/2021 Administrative Update. Added Alzair with new code K1026 to the self-administered medication table. Effective date 10/1/2021

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	03/01/2022 Consensus Review. FEP language updated. No additions recommended by pharmacy.
	11/15/2022 Minor Review. Removed Tremfya with code J1628 from the self-administered medication table.
	06/26/2023 Minor Review. Added Idacio with code Q5131 to the self-administered medication table. Changed name of Tev-Tropin to Zomacton.
	09/11/2023 Administrative Update. Removed code J0800 for HP Acthar and replaced with new codes J0801 and J0802, effective 10/1/2023.
	09/12/2023 Minor Review. Added Tezpire with code J2356
	12/07/2023 Administrative Update. Added new code Q5132 to chart
	12/13/2023 Administrative Update. Removed deleted code K1026 and replace with permanent code A7023. Eff 1/1/2024.
	01/02/2024 Administrative Update. UpdateTakhzyro with permanent code J0593. Eff 2/1/2024
	10/02/2024 Consensus Review. No additions or removals recommended by pharmacy at this time. Coding reviewed, no changes.
	12/05/2024 Administrative Update. Updated Humira, Idacio, and Abrilada new codes; Added 4 adalimumab biosimilars (Hulio, Yuflyma, Simlandi, Cyltezo) upon pharmacy recommendations and new code assignments; all updates effective 1/1/2025.

Attachment A: Self-Administered medications *excluded* from coverage under the Medical Benefit for Commercial

NOTE: All oral medications are excluded from the medical benefit and are not listed specifically in this table.

Brand Name	Generic Name	USC Class	Code	Date Added (Policy effective date)
Actimmune	interferon gamma-1b	Interferons	J9216	1/1/2016
Ajovy	Fremanezumab-vfrm	Calcitonin gene-related peptide antagonist	J3031/J3590	4/1/2019
Alzair Allergy Blocker	Hydroxypropyl methylcellulose	Allergy Blocker	A7023	10/1/2021
Arixtra	fondaparinux	Anticoagulants, Injectable, Other	J1652	1/1/2016
Betaseron	interferon beta-1b	Interferons	J1830	1/1/2016
Caverject and Caverject Impulse	alprostadil	Peripheral Vasodilators	J0270 and J0275	1/1/2016

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Copaxone	glatiramer acetate	Nervous System Disorders, Other	J1595	1/1/2016
Edex	alprostadil	Peripheral Vasodilators	J0270	1/1/2016
Empaveli	pegcetacoplan	C3 Inhibitor	J3490	12/1/2021
Enbrel	etanercept	Antiarthritic, Syst. Bio. Response Modifier	J1438	1/1/2016
Extavia	interferon beta-1b	Interferons	J1830	1/1/2016
Firazyr	icatibant	bradykinin B2 receptor antagonist	J1744	1/1/2016
Forteo	teriparatide	Bone Formation Agents	J3110	1/1/2016
Fuzeon	enfuvirtide	HIV Entry/Fusion Inhibitor	J1324	1/1/2016
Genotropin	somatropin	Anabolic Hormones	J2941	1/1/2016
Haegarda	C1 Esterase Inhibitor (Human) (C1-INH)	Biologicals, Other	J0599	2/8/2018
HP Acthar	repository corticotropin	Adrenocorticotropin hormone (ACTH)	J0801 and J0802	1/1/2018
Humatrope	somatropin	Anabolic Hormones	J2941	1/1/2016
Humira	adalimumab	Tumor necrosis factor (TNF) blocker	J0139	1/1/2016
Hulio	Adalimumab-fkjp	Tumor necrosis factor (TNF) blocker	Q5140	1/1/2025
Yuflyma	Adalimumab-aaty	Tumor necrosis factor (TNF) blocker	Q5141	1/1/2025
Simlandi	Adalimumab-ryvk	Tumor necrosis factor (TNF) blocker	Q5142	1/1/2025
Cyltezo	Adalimumab-adbm	Tumor necrosis factor (TNF) blocker	Q5143	1/1/2025
Idacio	Adalimumab-aacf	Tumor necrosis factor (TNF) blocker	Q5144	10/1/2023

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Abrilada	adalimumab-afzb	Tumor necrosis factor (TNF) blocker	Q5145	1/1/2024
Increlex	mecasermin	Anabolic Hormones	J2170	1/1/2016
Imitrex	sumatriptan succinate	Serotonin receptor agonist	J3030	1/1/2016
Miacalcin	calcitonin-salmon	Bone Density Regulators, Calcitonins	J0630	1/1/2016
Muse	alprostadil	Peripheral Vasodilators	J0270	1/1/2016
Norditropin	somatropin	Anabolic Hormones	J2941	1/1/2016
Nutropin, AQ	somatropin	Anabolic Hormones	J2941	1/1/2016
Omnitrope	somatropin	Anabolic Hormones	J2941	1/1/2016
Relistor	methylnaltrexone bromide	Opioid antagonist	J2212	1/1/2016
Saizen	somatropin	Anabolic Hormones	J2941	1/1/2016
Serostim	somatropin	Anabolic Hormones	J2941	1/1/2016
Takhzyro	lanadelumab-flyo	Therapeutic Antibody	J0593	5/1/2020
Zomacton	somatropin	Anabolic Hormones	J2941	1/1/2016
Tezspire	tezepelumab-ekko	Thymic Stromal Lymphopoietin Blocker Human Monoclonal Antibody	J2356	1/1/2024
Tobi	tobramycin	Aminoglycosides, Nebulizer solution	J7682 and J7685	1/1/2016
Tyvaso	treprostinil	Pulmonary Arterial Hypertension	J7686	1/1/2016
Yupelri	Revefenacin inhalation solution	Anticholinergic, Antimuscarinic	J7677	7/1/19

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Zorbtive	somatropin	Anabolic Hormones	J2941	1/1/2016
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