

POLICY TITLE	SELF- ADMINISTERED MEDICATIONS
POLICY NUMBER	MP-2.176

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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 new

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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

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 BlueCross please see additional information below, and subject to benefit variations as discussed in Section VI below.

FEP PPO - Refer to FEP Benefit Brochure for information on Drugs From Other Sources: <https://www.fepblue.org/benefit-plans/benefit-plans-brochures-and-forms>

Note* - The Federal Employee Program (FEP) Service Benefit Plan does not have a medical policy related to these services.

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 BlueCross 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 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 BlueCross. Members and

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providers should consult the member’s health benefit plan for information or contact Capital BlueCross for benefit information.

VII. DISCLAIMER

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Capital BlueCross’s 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 BlueCross’ Provider Services or Member Services. Capital BlueCross 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	CAC 06/02/15 New policy. Policy developed to provide clarification as to which drugs fall under the pharmacy benefit, versus medical benefit for Commercial products. Note added that this policy only applies to Commercial products. Coding reviewed.
	CAC 5/31/16 Consensus review. No changes to the policy or self-administered medication list for this review. Coding reviewed.
	1/1/17 Administrative update. Product variation section updated.
	CAC 1/31/17 Consensus review. No changes to the policy or self-administered medication list for this review. Coding reviewed/updated.
	1/1/18 Administrative update. Tremfya (guselkumab), an interleukin-23 blocker added to list of self-administered medications along with new code effective 1/1/18, C9029. Medicare information removed from policy.
	2/8/18 Minor review. H. P. Acthar Gel (repository corticotropin injection), an adrenocorticotrophic hormone (ACTH) analogue and Haegarda, a C1 Esterase Inhibitor Subcutaneous (Human) agent used for adolescent and adult prophylaxis for hereditary angioedema were added to the list of self-administered medications. Coding reviewed and updated.

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	1/1/19 Administrative update. Removed deleted codes C9015 & C9029. Added new codes J0599 & J1628 effective 1/1/19.
	4/1/19 Administrative update. Add C9040 and J3590 for Injection, fremanezumab-vfrm, 1 mg (AJOVY).
	4/4/19 Consensus review. No changes to policy or medication list.
	6/10/19 Administrative update. Add J7677 Revafenacin inhalation solution (Yupelri [®]) to be effective 7/1/19.
	10/01/19 Administrative update. C9040 removed from policy and added new code J3031.
	10/24/2019 Minor review. Added Takhzyro with code J3590 to the self administered medication table (Attachment A) on this policy. Effective 5/1/2020.
	9/11/2020 Consensus Review. Policy statement unchanged. Product variation, benefit variation, and disclaimer updated. References and coding reviewed.

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
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
Copaxone	glatiramer acetate	Nervous System Disorders, Other	J1595	1/1/2016
Edex	alprostadil	Peripheral Vasodilators	J0270	1/1/2016
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

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Brand Name	Generic Name	USC Class	Code	Date Added (Policy effective date)
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)	J0800	1/1/2018
Humatrope	somatropin	Anabolic Hormones	J2941	1/1/2016
Humira	adalimumab	Antiarthritic, Syst.Bio. Response Modifier	J0135	1/1/2016
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	alprostadiol	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	J3590	5/1/2020
Tev-Tropin	somatropin	Anabolic Hormones	J2941	1/1/2016
Tobi	tobramycin	Aminoglycosides, Nebulizer solution	J7682 and J7685	1/1/2016
Tremfya	guselkumab	Interleukin-23 blocker	J1628 and J7599	1/1/2018

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Brand Name	Generic Name	USC Class	Code	Date Added (Policy effective date)
Tyvaso	treprostinil	Pulmonary Arterial Hypertension	J7686	1/1/2016
Yupelri	Revefenacin inhalation solution	Anticholinergic, Antimuscarinic	J7677	7/1/19
Zorbtive	somatropin	Anabolic Hormones	J2941	1/1/2016

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