

Policy Name	Self-Administered Drugs
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**Summary**

Self-Administered Drugs are covered as described under a member’s pharmacy benefit, subject to formulary status and applicable utilization management parameters. Self-Administered Drugs are to be obtained through pharmacies and not from healthcare providers during office visits. In accordance with the member’s pharmacy benefit, a pharmacy may collect a co-payment or coinsurance from the member for the Self-Administered Drugs.

Drug Ingredient costs for Self-Administered Drugs supplied by a pharmacy are not covered under a member’s medical benefit. Such costs are covered as described under a member’s pharmacy benefit.

Drug Administration costs for Self-Administered Drugs are not affected by this policy. The administration fee will be covered as indicated under the member’s medical benefit, when the drug is purchased by the member at a pharmacy and brought to a provider clinic or a facility for administration.

Professionally administered drugs and Erythropoiesis-stimulating agents (Aranesp, Epogen and Procrit) and Colony stimulating factors (Neupogen, Neulasta, Leukine) are not affected by this policy.

Provider claims submitted for reimbursement of the CPT codes listed in this policy will be denied with denial code 022 (“Not eligible charge. Don’t bill patient.”) on COSMOS and denial code FG on UNET. Such cost will be the sole financial responsibility of the provider.

The products that this policy applies to are listed at the end of the policy after “Effective Date”.

**Related Coding Information**

**Codes that edit to this policy:**

CPT Code	Brand Name	Generic name
J0135	Humira	adalimumab
J0215	Amevive	alefacept
J0364	Apokyn	apomorphine
J0718	Cimzia	certolizumab
J0725	Novarel	Chorionic Gonadotropin
J0725	Profasi	Chorionic Gonadotropin
J0725	Pregnyl	Chorionic Gonadotropin
J0725	Chorex	Chorionic Gonadotropin
J1324	Fuzeon	enfuvirtide
J1438	Enbrel	etanercept
J1595	Copaxone	glatiramer acetate

J1645	Fragmin	dalteparin sodium
J1650	Lovenox	enoxaprin
J1652	Arixtra	ondaparinux
J1655	Innohep	tinzaparin
J1825	Avonex	interferon beta-1a
J1830	Betaseron, Extavia	interferon beta-1B
J1930	Somatuline	lanreotide
J2170	Increlex	mecasermin
J2354	Sandostatin	octreotide solution
J2355	Neumega	oprelvekin
J2357	Xolair	omalizumab
J2941	Genotropin	somatropin
J2941	Humatrope	somatropin
J2941	Norditropin	somatropin
J2941	Norditropin Nordiflex	somatropin
J2941	Nutropin	somatropin
J2941	Nutropin AQ	somatropin
J2941	Nutropin Depot	somatropin
J2941	Saizen	somatropin
J2941	Serostim	somatropin
J2941	Tev-Tropin	somatropin
J2941	Zobrtive	somatropin
J2941	Omnitrope	somatropin
J2793	Arcalyst	rilonacept
J3110	Forteo	teriparatide
J3355	Bravelle	urofollitropin
J3355	Fertinex	urofollitropin
J7639	Pulmozyme	dornase alfa
J7682	Tobi	tobramycin inhalation
J8520, J8521	Xeloda	capecitabine
J8530	Cytoxan	cyclophosphamide tabs
J8560	Vepesid	etoposide capsules
J8565	Iressa	gefitinib tabs
J8600	Alkeran	melphalan tabs
J8610	Trexall	methotrexate tabs
J8700	Temodar	Temozolomide, oral
J8705	Hycamtin	topotecan (oral)
J8999	Afinitor	everolimus
J8999	Arimidex	anastrozole
J8999	Aromasin	exemestane
J8999	Casodex	bicalutamide
J8999	CeeNU	lomustine
J8999	Emcyt	estramustine
J8999	Fareston	toremifen
J8999	Femara .	letrozole
J8999	Flutamide	flutamide
J8999	Eulexin	flutamide
J8999	Gleevec	imatinib
J8999	Hexalen	altretamine
J8999	Hydrea	hydroxyurea

J8999	Hydroxyurea	hydroxyurea
J8999	leucovorin	leucovorin
J8999	Leukeran	chlorambucil
J8999	Lysodren	mitotane
J8999	Matulane	procarbazine
J8999	Megestrol Acetate	megesterol acetate
J8999	Megace	megesterol acetate
J8999	Mercaptopurine	mercaptopurine
J8999	Nexavar	sorafenib
J8999	Nilandron	nilutamide
J8999	Nolvadex	tamoxifen
J8999	Oforta	fludarabine
J8999	Purinethol	mercaptopurine
J8999	Soltamox	tamoxifen
J8999	Sprycel	dasatinib
J8999	Sutent .	sunitinib
J8999	Tabloid	thioguanine
J8999	Tamoxifen	tamoxifen
J8999	Tarceva	erlotinib
J8999	Targretin	bexarotene
J8999	Tasigna	nilotinib
J8999	Teslac	testolactone
J8999	Tretinoin	tretinoin
J8999	Tykerb	lapatinib
J8999	Vesanoid	tretinoin
J8999	Votrient	pazopanib
J8999	Zolinza	vorinostat
J9212	Infergen	interferon-alfacon-1
J9213	Roferon	interferon-alfa-2a
J9214	Intron A	Interferon, alfa-2b
J9215	Alferon-N	interferon alfa-n3
J9216	Actimmune	interferon gamma-1b
J9218	leuprolide	leuprolide
Q3025	Avonex	interferon beta-1a
Q3026	Rebif	interferon beta-1A

### Unclassified Drugs (J3490, J3590, J8499)

CPT	NDC	Drug Description
J3490	00004035239	Pegasys 180 MCG/0.5ML KIT
J3490	00004035039	Pegasys 180 MCG/ML KIT
J3490	54868488701	Pegasys 180 MCG/ML KIT
J3490	00004035009	Pegasys 180 MCG/ML SOLN
J3490	54868488700	Pegasys 180 MCG/ML SOLN
J3490	00085130401	Peg-Intron 120 MCG/0.5ML KIT
J3490	00085127901	Peg-Intron 150 MCG/0.5ML KIT
J3490	00085136801	Peg-Intron 50 MCG/0.5ML KIT
J3490	00085129101	Peg-Intron 80 MCG/0.5ML KIT
J3490	00085129701	Peg-Intron Redipen 120 MCG/0.5ML KIT
J3490	00085137001	Peg-Intron Redipen 150 MCG/0.5ML KIT
J3490	54868503600	Peg-Intron Redipen 150 MCG/0.5ML KIT
J3490	54868503601	Peg-Intron Redipen 150 MCG/0.5ML KIT

J3490	00085132301	Peg-Intron Redipen 50 MCG/0.5ML KIT
J3490	00085131601	Peg-Intron Redipen 80 MCG/0.5ML KIT
J3490	00085129702	Peg-Intron Redipen Pak 4 120 MCG/0.5ML KIT
J3490	00085137002	Peg-Intron Redipen Pak 4 150 MCG/0.5ML KIT
J3490	00085132302	Peg-Intron Redipen Pak 4 50 MCG/0.5ML KIT
J3490	00085131602	Peg-Intron Redipen Pak 4 80 MCG/0.5ML KIT
J3490	44087122501	Cetrotide 0.25 MG KIT
J3490	44087120301	Cetrotide 3 MG KIT
J3490	00052030902	Follistim AQ 150 UNIT/0.5ML SOLN
J3490	00052031301	Follistim AQ 300 UNT/0.36ML SOLN
J3490	00052031601	Follistim AQ 600 UNT/0.72ML SOLN
J3490	00052030802	Follistim AQ 75 UNIT/0.5ML SOLN
J3490	00052032601	Follistim AQ 900 UNT/1.08ML SOLN
J3490	44087907001	Gonal-f 1050 UNIT SOLR
J3490	44087903001	Gonal-f 450 UNIT SOLR
J3490	44087120001	Gonal-f 600 UNIT/ML KIT
J3490	44087900501	Gonal-f RFF 75 UNIT SOLR
J3490	44087900506	Gonal-f RFF 75 UNIT SOLR
J3490	44087111301	Gonal-f RFF Pen 300 UNIT/0.5ML SOLN
J3490	44087111201	Gonal-f RFF Pen 450 UNT/0.75ML SOLN
J3490	44087111401	Gonal-f RFF Pen 900 UNIT/1.5ML SOLN
J3490	55566750102	Menopur 75 UNIT SOLR
J3490	55566718502	Repronex 75 UNIT SOLR
J3490	00052030151	Ganirelix Acetate 250 MCG/0.5ML SOLN
J3490	44087115001	Ovidrel 250 MCG/0.5ML INJ
J3590	55513017701	Kineret 100 MG/0.67ML SOLN
J3590	55513017707	Kineret 100 MG/0.67ML SOLN
J3590	55513017728	Kineret 100 MG/0.67ML SOLN
J3590	16249000101	Iplex 36 MG/0.6ML SOLN
J3590	16249000102	Iplex 36 MG/0.6ML SOLN
J3590	57894007001	Simponi 50mg/0.5 ml syringe
J3590	57894007002	Simponi 50mg/0.5 ml pen injector
J3590	00009517601	Somavert 10 MG SOLR
J3590	00009517801	Somavert 15 MG SOLR
J3590	00009518001	Somavert 20 MG SOLR
J8499	00007464013	Promacta 25 MG TABS
J8499	00007464113	Promacta 50 MG TABS

\* J3490 & J3590 codes apply to all medications defined as Self-Administered Drugs herein. Examples are included and limited at the NDC level.

## Definitions

**Self-Administered Drugs:** medications that are intended for patient self-administration and primarily administered by subcutaneous injection, oral ingestion, topical administration, or nebulized inhalation.

**Professionally Administered Drugs:** medications that require administration to a patient by a qualified health care professional and are primarily administered by intravenous (IV) injection, intravenous (IV) infusion, intramuscular injection (IM), intravitreal (ocular) injection, intra-articular injection (joints), intrathecal injections, limited subcutaneous injections required in an emergency for acute conditions, and medications required as part of surgical or diagnostic procedure.

**Drug Ingredient:** the ingredient cost of Self-Administered Drugs.

**Drug Administration:** the administration procedure for assistance with administration of a Self-Administered Drug.

**Provider:** a healthcare provider, including a clinic, hospital or facility (collectively “Facilities”) and each licensed physician and health care professional at the Facilities that render health care services to members.

**Resources**

- Current Procedural Terminology (CPT®)
- Healthcare Common Procedural Coding System (HCPCS)

**Effective Date**

7/01/08 for commercial plans (ongoing, as employer groups enroll with Medica)

1/1/09 for Minnesota Comprehensive Health Association (MCHA) non-Medicare members

This policy is not applicable to SPP or Medicare business

**Revision Updates**

- 12/10/09 Updated Codes
- 7/01/09 Updated Codes
- 5/08/09 Removed Lupron Depot, add Affinitor effective 6-1-09
- 4/06/09 Removed Leukine, Neupogen, Neulasta from the list of codes effective 6-1-09
- 2/25/09 Updated Codes
- 11/21/08 Policy applicable to MCHA members as of 1/1/09
- 11/01/08 Updated Codes

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