

**Regence BlueCross BlueShield of Oregon · Regence BlueShield
Regence BlueCross BlueShield of Utah · Regence BlueShield of Idaho
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Medication Policy Manual

Policy No: dru110

Topic: Self-Administered Injectables

Date of Origin: October 8, 2004

Revised/Effective Date: April 7, 2009

Next Review Date: March 2010

IMPORTANT REMINDER

This Medical Policy has been developed through consideration of medical necessity, generally accepted standards of medical practice, and review of medical literature and government approval status.

Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between these guidelines and the contract language, the contract language will control.

The purpose of medical policy is to provide a guide to coverage. Medical Policy is not intended to dictate to providers how to practice medicine. Providers are expected to exercise their medical judgment in providing the most appropriate care.

Description

This policy is not intended for use to quote benefits. The purpose of the policy is to identify which injectable medications may be safely self-administered by members.

Self-administered medications are medications that can be safely administered by patients or their caregivers outside of a medically supervised setting (such as a hospital, physician office or clinic).

Policy Criteria

- I.** Medications are considered to be self-administered when information from the manufacturer, scientific literature, practice standards, or Medicare indicate that self-administration is safe and acceptable. The status of an individual member, such as the ability to administer the medication, is not a consideration in determining whether a medication is defined as self-administered.

See Appendix 1 below for a list of those medications always considered to be self-administered for non-Medicare members.

See Appendix 2 below for a list of those medications that are considered to be either self-administered or provider-administered in a medical setting (hospital, doctor's office, clinic). – List is applicable to non-Medicare members.

- II.** For Medicare members, please see References.

Appendix 1 - Medications Considered Self-Administered Only (List Applicable to Non-Medicare Members Only)*		
Updated April 2009		
Applicable Code	Generic Name	Brand Name(s)
J0135	adalimumab	Humira®
J0270 J0275	alprostadil (injection) alprostadil (urethral suppository)	Caverject® Edex® Muse®
	anakinra	Kineret®
J0364	apomorphine	Apokyn®
-----	certolizumab pegol	Cimzia®
J1324	enfuvirtide	Fuzeon®
<p>*Benefit determinations should be based in all cases on the applicable contract language. To the extent there are any conflicts between this policy and the contract language, the contract language will control. Prior authorization may be required for some medications before coverage applies.</p> <p>**Coverage for some benefits may not apply under the prescription benefit and determined by specific contract language.</p>		

Appendix 1 (CONTINUED) - Medications Considered Self-Administered Only (List Applicable to Non-Medicare Members Only)*

Updated April 2009

Applicable Code	Generic Name	Brand Name(s)
J1438	etanercept	Enbrel [®]
----	exenatide	Byetta [®]
J1595	glatiramer	Copaxone [®]
J2941	growth hormone**	Various (see somatropin)
J9213	interferon, alfa-2A recombinant (subcutaneous route only)	Roferon-A [®]
J9214	interferon alfa-2b (subcutaneous route only)	Intron A [®]
J9214 (interferon alfa 2b only)	interferon alfa-2b/ribavirin	Rebetron [®]
J9212	interferon alfacon-1 recombinant	Infergen [®]
Q3026	interferon beta-1A	Rebif [®]
J1830	interferon beta-1B	Betaseron [®]
J9216	interferon gamma-1B	Actimmune [®]
J2170	mecasermin	Increlex [®]
-----	methylnaltrexone	Relistor [®]
S0145	peginterferon alfa 2A	Pegasys [®]
S0146	peginterferon alfa 2B	Peg Intron [®]
----	pegvisomant	Somavert [®]

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**Coverage for some benefits may not apply under the prescription benefit and determined by specific contract language.

Appendix 1 (CONTINUED) - Medications Considered Self-Administered Only (List Applicable to Non-Medicare Members Only)*

Updated April 2009

Applicable Code	Generic Name	Brand Name(s)
----	pramlintide	Symlin [®]
----	riloncept	Arcalyst [®]
J2941	somatropin**	Genotropin [®] , Humatrope [®] , Norditropin [®] , Nutropin [®] , Nutropin AQ [®] , Saizen [®] , Serostim [®] , Zorbtive [®] , Tev-Tropin [®]
J3110	teriparatide	Forteo [®]
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Appendix 2: Medications that can be Either Self-Administered or Provider-Administered in a Medical Setting (i.e. Hospital, Doctor's Office, Clinic) -- List is Applicable to Non-Medicare Members Only*

Updated April 2009

J0630	calcitonin (when given SQ)	Calcimar [®] , Miacalcin [®] , Osteocalcin [®] , Salmonine [®]
J0725	chorionic gonadotropin	Novarel [®]
J3420	cyanocobalamin (vitamin B12)	
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Appendix 2 (CONTINUED): Medications that can be Either Self-Administered or Provider-Administered in a Medical Setting (i.e. Hospital, Doctor's Office, Clinic) -- List is Applicable to Non-Medicare Members Only*

Updated April 2009

J1645	dalteparin	Fragmin [®]
J0881, J0882	darbepoetin alfa	Aranesp [®]
J1110	dihydroergotamine mesylate	D.H.E. [®]
J1650	enoxaparin	Lovenox [®]
----	epinephrine 1:2000 (0.5mg/ml) and 1:1000 (1mg/ml)	Ana-Guard [®] Epinephrine (bee-sting kits), Ana-Kit [®] , Epipen [®] , Epipen [®] Jr.
J0885, J0886, Q4081	epoetin, epoetin alfa	Procrit [®] , Epogen [®]
J1440, J1441	filgrastim	Neupogen [®]
S0126	follitropin alfa,	Gonal-F
S0128	follitropin beta	Follistim [®]
J1652	fondaparinux	Arixtra [®]
S0132	ganirelix	Antagon [®]
J1610	glucagon	Glucagon [®] Emergency Kit
J1642, J1644	heparin sodium injection	Various brands
J1815	insulin	Various brands

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Appendix 2 (CONTINUED): Medications that can be Either Self-Administered or Provider-Administered in a Medical Setting (i.e. Hospital, Doctor's Office, Clinic) -- List is Applicable to Non-Medicare Members Only*

Updated April 2009

J9213	interferon, alfa-2A recombinant (non-subcutaneous administration)	Roferon-A [®]
J9214	interferon alfa-2b (non-subcutaneous administration)	Intron A [®]
J1825, Q3025	interferon beta-1A	Avonex [®]
J9217 J9218	leuprolide acetate (non-depot formulation)	Eligard [®] Lupron [®] (Not Lupron Depot)
S0122	menotropins	Repronex [®] , Menopur [®]
J9250, J9260	methotrexate	Rheumatrex [®]
J2175	meperidine	Demerol [®]
J2354	octreotide (when given SQ)	Sandostatin [®]
J2355	oprelvekin	Neumega [®]
J2440	papaverine HCl	---
J2505	pegfilgrastim	Neulasta [®]
J2820	sargramostim	Leukine [®]
Q0515	sermorelin	Geref [®]
J3030	sumatriptan	Imitrex [®]
J3120	testosterone enanthate	Delatestryl [®]

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Appendix 2 (CONTINUED): Medications that can be Either Self-Administered or Provider-Administered in a Medical Setting (i.e. Hospital, Doctor's Office, Clinic) -- List is Applicable to Non-Medicare Members Only*

Updated April 2009

J1070	testosterone cypionate	Depo-Testosterone [®]
J1655	tinzaparin	Innohep [®]
J3355	urofollitropin	Fertinex [®]

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References

1. For Oregon and Washington Plans: Drugs - Determination of Which Drugs are Usually Self-Administered by the Patient. Article #ID: A39453 (Effective date 04/01/2006). <http://www.cms.hhs.gov>.
2. For Utah Plans, CIGNA Medicare link: Self-Administered Drugs and Biologicals: Methodology and Listing. Document #A11229. (Effective 12/1/2005). <http://www.cms.hhs.gov>.
3. For Idaho Plans: Drugs and Biologicals Excluded as Usually Self-Administered #A27568. (Effective date = 03/01/2005). <http://www.cms.hhs.gov>.

Cross References

Aranesp, darbepoetin dru076
Arcalyst, rilonacept dru159
Betaseron, interferon beta 1B dru108
Byetta, exenatide dru120
Cimzia, certolizumab pegol dru160
Enbrel, etanercept dru035
Epogen, epoetin alfa dru012
Forteo, teriparatide dru055
Genotropin, somatropin dru015
Growth hormones dru015
Humatrope, somatropin dru015
Humira, adalimumab dru081
Increlex, mecasermin, dru126
Infergen, interferon alfacon-1 recombinant dru115
Imitrex, sumatriptan dru055
Kineret, anakinra dru049
Norditropin, somatropin dru015
Nutropin/Nutropin AQ, somatropin dru015
Pegasys, peginterferon alfa-2a dru044
PEG-Intron, peginterferon alfa-2b dru144
Procrit, epoetin alfa dru012
Relistor, methylnaltrexone dru161
Saizen, somatropin dru015
Serostim, somatropin dru015
Symlin, pramlinitide, dru121
Zorbtive, somatropin dru015

Codes	Number	Description
N/A		