Self-Administered Medications

Policy Number: 2023D0073H
Effective Date: October 1, 2023

Instructions for Use

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Related Commercial Policies

- Hereditary Angioedema (HAE), Treatment and Prophylaxis
- Ilumya® (Tildrakizumab-Asmn)
- Repository Corticotropin Injections
- Respiratory Interleukins (Cinqair®, Fasenra®, and Nucala®)
- Skyrizi® (Risankizumab-Rzaa)
- Stelara® (Ustekinumab)
- Tezspire™ (Tezepelumab-Ekko)
- Xolair® (Omalizumab)

Related List

- Self-Administered Medications List

Coverage Rationale

See Benefit Considerations

Self-administered medications are excluded from standard medical benefit plans.

We will determine if a medication is self-administered based on the following:

- Medication is **not** typically administered or directly supervised by a qualified provider or licensed/certified health professional in an outpatient setting; **and**
- Medication does **not** require continuous or periodic monitoring immediately before, during, or after administration by a qualified provider or licensed/certified health professional in an outpatient setting; **and**
- Route of administration (e.g., oral, inhaled, intranasal, topical, rectal, subcutaneous, or self-injectable intramuscular injections); **and**
- Dosage form (e.g., prefilled syringe, auto-injector, tablet, capsule, suppository, nasal spray, metered dose inhaler, nebulized solution); **and**
- Acuity of condition (e.g., chronic disease); **and**
- Frequency of administration; **and**
- The medication is **not** specifically allowed under the medical benefit; **and**
- Standards of medical practice allowing for self-administration (e.g., self-infused hemophilia factor); **and**
- Evaluation of any established medical literature or compendia including but not limited to:
  - FDA approved prescribing information
  - Manufacturer provided medical literature
  - Peer reviewed medical literature
  - Evidence-based practice guidelines
  - Self-administration utilization statistics
  - Compendia (e.g., IBM Micromedex® DRUGDEX®, Clinical Pharmacology)

Applicable Codes

Refer to the Self-Administered Medications List for applicable HCPCS codes for medications UnitedHealthcare has determined to be "self-administered" based upon the review of evidence stated within the Coverage Rationale. Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs on the Self-Administered Medications List may be covered under the medical benefit.

Revenue Code	Description
0637	Self-administered drugs (use this revenue code for self-administered drugs not requiring detailed coding)

Background

Medications administered by the patient that do not require direct supervision by a qualified provider or licensed/certified health professional are considered self-administered drugs and not covered under the medical benefit.

Benefit Considerations

Some Certificates of Coverage allow for coverage of experimental/investigational/unproven treatments for life-threatening illnesses when certain conditions are met. The member specific benefit plan document must be consulted to make coverage decisions for this service. Some states mandate benefit coverage for off-label use of medications for some diagnoses or under some circumstances when certain conditions are met. Where such mandates apply, they supersede language in the benefit document or in the medical or drug policy. Benefit coverage for an otherwise unproven service for the treatment of serious rare diseases may occur when certain conditions are met. Refer to the Policy and Procedure addressing the treatment of serious rare diseases.

References

1. IBM Micromedex® DRUGDEX® (electronic version). Truven Health Analytics, Greenwood Village, Colorado, USA. Available at: http://www.micromedexsolutions.com/.
2. Clinical Pharmacology [database online]. Tampa, FL: Gold Standard, Inc.; insert current year of copyright. URL: http://www.clinicalpharmacology.com.
3. Lexicomp Online, Lexi-Drugs Online, Hudson, Ohio: Wolters Kluwer Clinical Drug Information, Inc.
4. Drugs@FDA: FDA Approved Drug Products.

Policy History/Revision Information

Date	Summary of Changes

10/01/2023	**Related Policies**
	• Added reference link to the Medical Benefit Drug Policy titled:
	  ○ *Tezspire® (Tezepelumab-Ekko)*
	  ○ *Xolair® (Omalizumab)*
	Supporting Information
	• Archived previous policy version 2022D0073G

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard 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 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 Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Benefit Drug Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Benefit Drug Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.