<table>
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<th>Policy Name</th>
<th>Self-Administered Drugs</th>
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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. The policy is applicable only to services billed on the CMS-1500 claim form or its electronic equivalent.

**Policy Statement**
Self-Administered Drugs are to be obtained through pharmacies and not from health care providers during office visits. In accordance with the member’s pharmacy benefit, a pharmacy may collect a copayment or coinsurance from the member for the Self-Administered Drugs. The list of Self-Administered Drugs impacted by this policy is located in the “Code Lists” section of this policy.

Drug ingredient and dispensing costs for Self-Administered Drugs supplied by a health care provider are not eligible for coverage under a member’s medical benefit. Such costs are only covered under a member’s pharmacy benefit.

Costs associated for a health care provider to administer a Self-Administered Drug to a patient 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.

Claims submitted with the HCPCS codes listed in this policy and provided in an office or outpatient facility setting will be denied provider liability.

**Definitions**

**Drug Administration** – Administration of a pharmaceutical drug to a patient.

**Drug Ingredient** – The ingredient cost of Self-Administered Drugs.

**Professionally Administered Drugs** – Medications that require administration to a patient by a qualified health care professional and are primarily administered by intravenous (IV) injection, IV infusion, intramuscular (IM) injection, 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 a surgical or diagnostic procedure.

**Provider** – A health care 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.
**Self-Administered Drugs** – Medications that are intended for patient self-administration and primarily administered by subcutaneous injection, oral ingestion, topical administration, or nebulized inhalation.

**Code Lists**
- [Self-Administered Drugs Code List](#)

**Resources**
- Healthcare Common Procedure Coding System (HCPCS)

**Effective Dates**
07/01/2008 – For commercial plans (ongoing, as employer groups enroll with Medica)

Note: This policy is not applicable to Minnesota Health Care Programs (MHCP) or Medicare business.

**Revision Updates**
- 08/18/2016 Annual policy review
- 10/01/2015 Annual policy review; policy summary and code list updated
- 07/24/2014 Annual policy review
- 07/01/2014 Added Acthar Gel to code list; clarified verbiage regarding places of service in which Self-Administered Drugs will be denied
- 01/01/2014 Removed J0718 (Cimzia) from code list (due to new code J0717 which is only used for the non-self-administered form); deleted remark code verbiage

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