self-administered drugs

Commercial Medical Benefit Drug Policy

These drugs are covered under the pharmacy benefit only.
Medical necessity criteria for self-administered injectable medications noted below are listed in the Pharmacy Benefit drug policies for Commercial plans within the Blue Shield of California Provider Connection website.

Any dosage form that is not typically self-administered (e.g., intravenous infusion) of the drugs listed below may be covered under the medical benefit. Please refer to the drug specific policy for more information.

This following list identifies drugs that are usually self-administered and typically excluded from payment under the medical benefit. This list is subject to change as new medications or dosage forms come to market.

- abaloparatide (Tymlos)
- abatacept (Orencia), subcutaneous
- adalimumab (Humira)
- adalimumab-aacf (Idacio)
- adalimumab-aaty (Yuflyma)
- adalimumab-adaz (Hyrimoz)
- adalimumab-adbm (Cyltezo)
- adalimumab-afzb (Abrilada)
- adalimumab-aqvh (Yusimry)
- adalimumab-atto (Amjevita)
- adalimumab-bwwd (Hadlima)
- adalimumab-fkjp (Hulio)
- adalimumab-ryvk (Simlandi)
- alirocumab (Praluent)
- anakinra (Kineret)
- apomorphine hydrochloride (Apokyn)
- belimumab (Benlysta), subcutaneous
- benralizumab (Fasenra), Autoinjector
- bremelanotide (Vyleesi)
- brodalumab (Siliq)
- C1 esterase inhibitor (Haegarda)
- caplacizumab-yhdp (Cablivi), subsequent doses
- certolizumab (Cimzia), prefilled syringe
- corticotropin (Acthar)
- corticotropin (Purified Cortropin Gel)
- dupilumab (Dupixent)
- efgartigimod alfa-fcab (Vyvgart Hytrulo)
- lonapegsomatropin-tcgd (Skytrofa)
- mecasermin (Increlex)
- mepolizumab (Nucala), autoinjector and syringe
- methotrexate (Otrexup, Rasuvo, RediTrex), subcutaneous
- methylnatrexone (Relistor)
- metreleptin (Myalept)
- mirikizumab-mrkz (Omvoh), subcutaneous
- nedosiran (Rivfloza), prefilled syringes
- nemolizumab-ilto (Nemluvio)
- octreotide (Sandostatin), subcutaneous
- ofatumumab (Kesimpta)
- omacetaxine (Synribo)
- pasireotide (Signifor)
- pegcetacoplan (Empaveli)
- peginterferon beta-1a (Plegridy)
- pegvaliase-pqpz (Palynziq)
- pegvisomant (Somavert)
- rilonacept (Arcalyst)
- risankizumab-rzaa (Skyrizi), subcutaneous
- ropeginterferon alfa-2b-njft (Besremi)
- sarilumab (Kevzara)
- satralizumabmwge (Enspryng)
- secukinumab (Cosentyx), subcutaneous
- setmelanotide (Imcivree)

• erenumab-aooe (Aimovig) • etanercept (Enbrel) • evolucumab (Repatha) • fremanezumab-vfrm (Ajovy) • galcanezumab-gnlm (Emgality) • glatiramer (Copaxone, Glatopa) • golimumab (Simponi) • guselkumab (Tremfya), subcutaneous • icatibant (Firazyr, Sajazir) • infliximab-dyyb (Zymfentra) • inotersen (Tegsedi) • interferon beta-1a (Avonex) • interferon beta-1a (Rebif) • interferon beta-1b (Betaseron) • interferon beta-1b (Extavia) • interferon gamma-1b (Actimmune) • ixekizumab (Taltz) • lanadelumab-flyo (Takhzyro)	• somatropin (Genotropin, Humatrope, Ngenia, Sogroya, Norditropin, Nutropin, Omnitrope, Saizen, Zorbtive, Zomacton) • somatropin (Serostim) • spesolimab-sbzo (Spevigo), 300 mg subcutaneous • sumatriptan (Imitrex, Zembrace SymTouch), subcutaneous • teriparatide (Forteo) • tesamorelin acetate (Egrifta) • testosterone enanthate (Xyosted) • tezepelumab-ekko (Tezspire), prefilled pens • tocilizumab (Actemra), subcutaneous • tocilizumab-aazg (Tyenne), subcutaneous • tralokinumab-ldrm (Adbry) • ustekinumab (Stelara), prefilled syringe ustekinumab-auub (Wezlana), subcutaneous • vedolizumab (Entyvio), subcutaneous • vosoritide (Voxzogo)

Condition(s) listed in policy *(see coverage criteria for details)*

Any condition not listed in this policy requires a review to confirm it is medically necessary. For conditions that have not been approved for intended use by the Food and Drug Administration (i.e., off-label use), the criteria outlined in the Health and Safety Code section 1367.21 must be met.

Special Instructions and Pertinent Information

Provider must submit documentation (such as office chart notes, lab results or other clinical information) to ensure the member has met all medical necessity requirements.

The member's specific benefit may impact drug coverage. Other utilization management processes, and/or legal restrictions may take precedence over the application of this clinical criteria.

For billing purposes, drugs must be submitted with the drug's assigned HCPCS code (as listed in the drug policy) and the corresponding NDC (national drug code). An unlisted, unspecified, or miscellaneous code should not be used if there is a specific code assigned to the drug.

Coverage Criteria
The following condition(s) require Prior Authorization/Preservice.

Meets medical necessity if all the following are met:

1. Meets ALL of the following:
   a. Chart documentation of a medical reason why the self-administered product cannot be given at home by the patient or the patient's caregiver
   b. Meets the criteria listed in the Pharmacy Benefit Drug policy

c. If the drug is part of the Site of Care Program and the drug is being requested at a hospital outpatient facility (HOPF), clinical rationale and documentation is needed to support medical necessity for administration at an HOPF

Medication Name	HCPCS CODE	DESCRIPTION	FORMULATION	Labeling Information
abaloparatide (Tymlos)	C9399 J3490	Unclassified drugs or biologicals	3120 mcg/1.56ml (2000 mcg/ml) single-use prefilled pen: 70539-001-01 3120 mcg/1.56ml (2000 mcg/ml) single-use prefilled pen in a box: 70539-001-02	Provide appropriate training and instruction to patients and caregivers on the proper use of the TYMLOS pen.
abatacept (Orencia), subcutaneous	J0129	Injection, abatacept, 10 mg	50 mg/0.4 mL, 87.5 mg/0.7ml, 125 mg/ml single-dose prefilled syringes 125 mg/ml single-dose prefilled ClickJet autoinjector	You or a caregiver can give your injections at home, you or your caregiver should receive training on the right way to prepare and inject Orencia. *For preventative treatment of aGVHD: IV administration only. Refer to drug specific policy*
adalimumab (Humira)	J0139	Injection, adalimumab, 1 mg	Pens 40 mg/0.8 mL 40 mg/0.4 mL 80 mg/0.8 mL Prefilled Syringe 10 mg/0.1 mL 20 mg/0.2 mL 40 mg/0.4 mL 40 mg/0.8 mL Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter Package 40 mg/0.8 mL (6 pens) 80 mg/0.8 mL (3 pens)	A patient may self-inject HUMIRA or a caregiver may inject HUMIRA using either the HUMIRA Pen or prefilled syringe.

			Psoriasis/Uveitis/Adolescent Hidradenitis Suppurativa Starter Package 40 mg/0.8 mL (4 pens) 80 mg/0.8 mL and 40 mg/0.4 mL (3 pens) Pediatric Crohn's Starter Package 80 mg/0.8 mL (3 syringes) 80 mg/0.8 mL and 40 mg/0.4 mL (2 syringes) Pediatric Ulcerative Colitis Starter Package 80 mg/0.8 mL (4 pens)	
adalimumab-aacf (Idacio)	Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	Pen or Prefilled syringe 40 mg/0.8 mL	A patient may self-inject IDACIO or a caregiver may inject IDACIO using either the IDACIO Pen or prefilled syringe.
adalimumab-aaty (Yuflyma)	Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	Pen 40 mg/0.8 mL 40 mg/0.4 mL 80 mg/0.4 mL 80 mg/0.8mL (CD/UC/HS Starter) Prefilled Syringe 20 mg/0.2 mL 40 mg/0.4 mL	A patient may self-inject YUSIMRY or a caregiver may inject YUSIMRY using either the YUSIMRY pen or prefilled syringe.
adalimumab-adaz (Hyrimoz)	C9399, J3490, J3590	Unclassified drugs or biologicals	10 mg/0.1 mL prefilled syringe: 61314-0509-64 20 mg/0.2 mL prefilled syringe: 83457-0108-01 20 mg/0.2 mL prefilled syringe: 61314-0476-64 40 mg/0.4 mL Pen: 83457-0100-01 83457-0200-40	A patient may self-inject HYRIMOZ or a caregiver may inject HYRIMOZ using either the HYRIMOZ single-dose prefilled Sensoready Pen or the HYRIMOZ single-dose pre-filled syringe.

			40 mg/0.4 mL prefilled syringe: 83457-0101-01 83457-0201-46 40 mg/0.8 mL (2 prefilled syringe): 61314-876-02 40 mg/0.8 mL (2 Pen): 61314-871-02 40 mg/0.8 mL (6 Pen): 61314-871-06 80 mg/0.8 mL Pen: 83457-0107-01 80 mg/0.8 mL (CD/UC Starter): 61314-0454-36 80 mg/0.8 mL (CD/UC Starter): 83457-0113-01 80 mg/0.8 mL & 40 mg/0.4mL (Peds CD/UC Starter): 61314-0531-64 80 mg/0.8 mL (Peds CD/UC Starter): 61314-0454-68 80 mg/0.8 mL & 40 mg/0.4mL (PsO/Uveitus Starter): 61314-0517-36 80 mg/0.8 mL & 40 mg/0.4mL (PsO Starter): 83457-0112-01	
adalimumab-adbm (Cyltezo)	Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	10 MG/0.2ML PREF SY KT 20 MG/0.4ML PREF SY KT 40 MG/0.8ML PREF SY KT 40 MG/0.8ML AUT-IJ KIT Psoriasis/UV Starter 40 MG/0.4ML AUT-IJ KIT CD/UC/HS Starter 40	A patient may self-inject CYLTEZO or a caregiver may inject CYLTEZO using either the CYLTEZO

			MG/0.4ML AUT-IJ KIT CD/UC/HS Starter 40 MG/0.8ML AUT-IJ KIT Psoriasis Starter 40 MG/0.8ML AUT-IJ KIT	Pen or prefilled syringe.
adalimumab-afzb (Abrilada)	Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	20 MG/0.4ML PREF SY KT 40 MG/0.8ML PREF SY KT 40 MG/0.8ML Pen AUT-IJ KIT	Can be given by a patient, caregiver or healthcare provider
adalimumab-aqvh (Yusimry)	C9399, J3490, J3590	Unclassified drugs or biologicals	40 MG/0.8ML A-INJ (2 pens): 70114-0220-02	A patient may self-inject YUSIMRY or a caregiver may inject YUSIMRY using either the YUSIMRY pen or prefilled Syringe.
adalimumab-atto (Amjevita)	C9399 J3490 J3590	Unclassified drugs or biologicals	Ped 15kg to <30kg 20 MG/0.2ML PRSYR: 72511-0399-01 Ped 15kg to <30kg 20 MG/0.2ML PRSYR: 84612-0399-01 10 MG/0.2ML PRSYR: 55513-0413-01 20 MG/0.2ML PRSYR: 55513-0399-01 20 MG/0.4ML PRSYR: 55513-0411-01 40 MG/0.4ML A-INJ: 55513-0482-01 40 MG/0.4ML A-INJ: 55513-0482-02 40 MG/0.4ML A-INJ: 72511-0482-01 72511-0482-02 84612-0482-02 40 MG/0.4ML PRSYR: 55513-0479-01 55513-0479-02 72511-0479-01 72511-0479-02 84612-0479-02 40 MG/0.8ML A-INJ: 55513-0400-01 55513-0400-02	A patient may self-inject AMJEVITA or a caregiver may inject AMJEVITA using either the AMJEVITA prefilled SureClick autoinjector or prefilled syringe.

			72511-0400-01 72511-0400-02 40 MG/0.8ML PRSYR: 55513-0410-01 80 MG/0.8ML A-INJ: 55513-0481-01 55513-0481-02 72511-0481-01 72511-0481-02 84612-0481-02	
adalimumab-bwwd (Hadlima)	C9399 J3490 J3590	Unclassified drugs or biologicals	PushTouch 40 MG/0.4ML A-INJ: 78206-0187-01 PushTouch 40 MG/0.8ML A-INJ: 78206-0184-01 40 MG/0.4ML PRSYR: 78206-0186-01 40 MG/0.8ML PRSYR: 78206-0183-01	A patient may self-inject HADLIMA or a caregiver may inject HADLIMA using either the HADLIMA PushTouch or HADLIMA prefilled syringe.
adalimumab-fkjp (Hulio)	Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	40 MG/0.8ML Pen AUT-IJ KIT 20 MG/0.4ML PREF SY KT 40 MG/0.8ML PREF SY KT	A patient may self-inject HULIO or a caregiver may inject HULIO using either the HULIO Pen or prefilled syringe.
adalimumab-ryvk (Simlandi)	Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	40 MG/0.4ML Pen AUT-IJ KIT 80 MG/0.8ML Pen AUT-IJ KIT 20 MG/0.2ML PREF SY KT 40 MG/0.4ML PREF SY KT 80 MG/0.8ML PREF SY KT	A patient may self-inject or a caregiver may inject SIMLANDI using the SIMLANDI autoinjector if after proper training.
alirocumab (Praluent)	C9399 J3490 J3590	Unclassified drugs or biologicals	75 MG/ML A-INJ: 61755-0020-01 61755-0020-02 72733-5901-01 72733-5901-02 150 MG/ML A-INJ: 61755-0021-01 61755-0021-02 72733-5902-02	Train patients and/or caregivers on how to prepare and administer PRALUENT

anakinra (Kineret)	C9399 J3490 J3590	Unclassified drugs or biologicals	100 mg prefilled syringe: 66658-0234-01 (1 syringe) 66658-0234-07 (7 syringes)	Patients or caregivers should be allowed to administer KINERET after training
apomorphine hydrochoride (Apokyn)	J0364	Injection, Apomorphine hydrochloride, 1 mg	30 mg/3ml (single use cartridge to be used with a pen injector)	A caregiver or patient may administer APOKYN if a healthcare provider determines that it is appropriate. *A healthcare provider should perform the initial dose and dose titrations.*
belimumab (Benlysta), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	200 MG/ML A-INJ: 49401-0088-01 (1 pen) 49401-0088-35 (4 pens) 200 MG/ML PRSYR 49401-0088-42 (1 syringe) 49401-0088-47 (4 syringes)	A patient may self-inject, or the patient caregiver may administer BENLYSTA autoinjector or prefilled syringe. *The IV form is for administration by a healthcare provider*
benralizumab (Fasenra), Autoinjector	J0517	Injection, benralizumab, 1 mg	Fasenra Pen 30 MG/ML A-INJ	FASENRA PEN is intended for administration by patients/caregivers. *The prefilled syringe is for administration by a healthcare provider.*
bremelanotide (Vyleesi)	C9399 J3490	Unclassified drugs or biologicals	1.75 MG/0.3ML A-INJ 00713-0897-06 (1 pen) 00713-0897-04 (4 pens) 00713-0897-02 (2 pens)	Advise the patient or caregiver to read the FDA-approved patient labeling
brodalumab (Siliq)	C9399 J3490 J3590	Unclassified drugs or biologicals	210 MG/1.5ML PRSYR: 00187-0004-00 (1 syringe) 00187-0004-02 (2 syringes)	Patients may self-inject Siliq using the prefilled syringe.

C1 esterase inhibitor (Haegarda)	J0599	Injection, c-1 esterase inhibitor (human), (haegarda), 10 units	2000 IU lyophilized powder single-use vial 3000 IU lyophilized powder single-use vial	Haegarda is intended for self (or caregiver)-administration
caplacizumab-yhdp (Cablivi), subsequent doses	C9047	Injection, caplacizumab-yhdp, 1 mg	11 mg lyophilized powder in a single-dose vial	Patients or caregivers may inject CABLIVI. *The first dose of CABLIVI should be administered by a healthcare provider as a bolus IV injection.*
certolizumab (Cimzia), prefilled syringe	J0717	Injection, certolizumab pegol, 1 mg	200 mg/mL single-use prefilled glass syringe	A patient may self-inject with the Cimzia Prefilled Syringe.
corticotropin (Acthar Gel)	J0801	Injection, corticotropin (acthar gel), up to 40 units	40 UNIT/0.5ML PEN 80 UNIT/ML PEN 400 USP units/5 ml (multiple-dose vials)	Advise caretakers of patients to read the FDA-approved patient labeling (Medication Guide).
corticotropin (Purified Cortrophin Gel)	J0802	Injection, corticotropin (ani), up to 40 units	40 UNIT/0.5ML PRSYR: 62559-0861-35 80 UNIT/ML PRSYR: 62559-0861-11 80 UNIT/ML GEL: 62559-0860-11 400 UNIT/5ML GEL: 62559-0860-15	Advise caretakers of patients to read the FDA-approved patient labeling (Medication Guide).
dupilumab (Dupixent)	C9399 J3490 J3590	Unclassified drugs or biologicals	100 MG/0.67ML PRSYR: 0002-45911-00 100 MG/0.67ML PRSYR: 0002-45911-02 200 MG/1.14ML A-INJ: 00024-5919-00 200 MG/1.14ML A-INJ: 00024-5919-01 200 MG/1.14ML A-INJ: 00024-5919-02 200 MG/1.14ML A-INJ: 00024-5919-20 200 MG/1.14ML PRSYR: 00024-5918-01	Before injecting Dupixent read “Instructions for Use”.

			300 MG/2ML A-INJ: 00024-5915-00 300 MG/2ML A-INJ: 00024-5915-01 300 MG/2ML A-INJ: 00024-5915-02 300 MG/2ML A-INJ: 00024-5915-20 300 MG/2ML PRSYR: 00024-5914-00 300 MG/2ML PRSYR: 00024-5914-01	
efgartigimod alfa and hyaluronidase-qvfc (Vyvgart Hytrulo), prefilled syringe	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	1000-10000 MG-UNT/5ML SOLN PRSYR 73475122101 1000-10000 MG-UNT/5ML SOLN PRSYR 73475122104	Prefilled syringe can be administered by patients and/or caregivers.
erenumab-aooe (Aimovig)	C9399 J3490 J3590	Unclassified drugs or biologicals	140 MG/ML A-INJ: 55513-0843-00 140 MG/ML A-INJ: 55513-0843-01 70 MG/ML A-INJ: 55513-0841-01	Aimovig is intended for patient self-administration.
etanercept (Enbrel)	J1438	Injection, etanercept, 25 mg	50 MG/ML PRSYR (carton of 4): 58406-0021-04 (non-latex) 58406-0435-04 (latex) 50 MG/ML SureClick A-INJ (carton of 4): 58406-0032-04 (non-latex) 58406-0445-04 (latex) 25 MG/0.5ML PRSYR (carton of 4): 58406-0010-04 (non-latex) 58406-0010-04 (latex) 50 MG/ML Mini CART (carton of 4): 58406-0044-04 58406-0456-04 25 MG/0.5ML single dose vial (carton of 4): 58406-0055-04	Patients may self-inject.
evolucumab (Repatha)	C9399 J3490 J3590	Unclassified drugs or biologicals	Pushtronex System 420 MG/3.5ML CART: 72511-0770-01	Train patients and/or caregivers on how to prepare

			SureClick 140 MG/ML A-INJ: 72511-0393-01 (1 pen) 72511-0393-02 (2 pens) 72511-0760-01 (1 pen) 72511-0760-02 (2 pens) 140 MG/ML PRSYR: 72511-0501-01 (non-latex) 72511-0750-01 (latex)	and administer Repatha.
fremanezumab-vfrm (Ajovy)	J3031	Injection, fremanezumab-vfrm, 1 mg	225 mg/1.5 mL single-dose prefilled syringe 225 mg/1.5 mL single-dose prefilled autoinjector	Ajovy may be administered by patients, and/or caregivers.
galcanezumab-gnlm (Emgality)	C9399 J3490 J3590	Unclassified drugs or biologicals	Emgality (300 MG Dose) 100 MG/ML PRSYR: 00002-3115-09 Emgality 120 MG/ML A-INJ: 00002-1436-11 (1 pen) 00002-1436-27 (2 pens) Emgality 120 MG/ML PRSYR: 00002-2377-11 (1 syringe) 00002-2377-27 (2 syringes)	Emgality is intended for patient self-administration.
glatiramer (Copaxone, Glatopa)	J1595	Injection, glatiramer acetate, 20 mg	20 mg single-dose, prefilled syringe 40 mg single-dose, prefilled syringe	You should receive training on how to give your Copaxone injections.
golimumab (Simponi)	C9399 J3490 J3590	Unclassified drugs or biologicals	100 MG/ML A-INJ: 57894-0071-02 100 MG/ML PRSYR: 57894-0071-01 50 MG/0.5ML A-INJ: 57894-0070-02 50 MG/0.5ML PRSYR: 57894-0070-01	If a patient or caregiver may administer Simponi, he/she should be instructed in injection techniques.
guselkumab (Tremfya), subcutaneous	J1628	Injection, guselkumab, 1 mg	Crohns Induction 200 MG/2ML A-INJ One-Press 100 MG/ML A-INJ Pen 100 MG/ML A-INJ Pen 200 MG/2ML A-INJ 100 MG/ML PRSYR 200 MG/20ML SOLUTION 200 MG/2ML PRSY	A patient may self-inject after proper training.
icatibant (Firazyr, Sajazir)	J1744	Injection, icatibant, 1 mg	30 mg/3 mL single dose prefilled syringe	Patients may self-administer Firazyr

				upon recognition of symptoms of an HAE attack after training.
infliximab-dyyb (Zymfentra)	J1748	Injection, infliximab-dyyb (zymfentra), 10 mg	120 MG/ML AUT-IJ KIT 120 MG/ML PREF SY KT	Patients may self-inject or caregivers may inject after proper training in SC injection technique.
inotersen (Tegsedi)	C9399 J3490	Unclassified drugs or biologicals	284 mg/1.5 mL single-dose prefilled syringe, pack of 4 syringes: 72126-007-01	The first injection administered by the patient or caregiver should be performed under the guidance of a healthcare professional.
interferon beta 1a, (Rebif)	Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Rebif Rebidose Titration Pack 6X8.8 & 6X22 MCG A-INJ Rebif Rebidose 22 MCG/0.5ML A-INJ Rebif Rebidose 44 MCG/0.5ML A-INJ Rebif Titration Pack 6X8.8 & 6X22 MCG PRSYR Rebif 22 MCG/0.5ML PRSYR Rebif 44 MCG/0.5ML PRSYR	It is recommended that physicians or qualified medical personnel train patients in the proper technique for self-administering injections
interferon beta-1a (Avonex)	J1826 Q3027	Injection, interferon beta-1a, 30 mcg for intramuscular use Injection, interferon beta-1a, 1 mcg	30 mcg single-use prefilled syringe 30 mcg single-use prefilled pen autoinjector	The first Avonex injection should be performed under the supervision of a healthcare professional.
interferon beta-1b (Betaseron)	J1830	Injection, interferon beta-1b, 0.25 mg	0.3 mg single-use vial	If patients or caregivers are to administer Betaseron, train them in the proper technique for self-

				administering using the prefilled syringe or the optional injection device.
interferon beta-1b (Extavia)	J1830	Injection, interferon beta-1b, 0.25 mg	0.3mg single-use vial	Perform the first Extavia injection under the supervision of an appropriately qualified healthcare professional. If patients or caregivers are to administer Extavia, train them in the proper subcutaneous injection technique
interferon, gamma-1b (Actimmune)	J9216	Injection, interferon, gamma 1-b, 3 million units	100 mcg (2 million IU0 single-use vial	Actimmune can be administered by a family member or the patient when counseled in the administration of subcutaneous injections
Ixekizumab (Taltz)	C9399 J3490 J3590	Unclassified drugs or biologicals	80 MG/ML A-INJ: 00002-1445-09 (3 pens) 00002-1445-11 (1 pen) 00002-1445-27 (2 pens) 20 MG/0.25ML PRSYR: 00002-8900-11 40 MG/0.5ML PRSYR: 0002-8905-11 80 MG/ML PRSYR: 00002-7724-11	Adult patients may self-inject, or caregivers may give injections of Taltz after training in subcutaneous injection technique
lanadelumab-flyo (Takhzyro)	J0593	Injection, lanadelumab-flyo, 1 mg	150 MG/ML PRSYR 300 MG/2ML PRSYR 300 MG/2ML VIAL	Takhzyro is intended for self-administration or administration by a caregiver.
lonapegsomatropin-tcgd (Skytrofa)	C9399 J3490	Unclassified drugs or biologicals	3 MG CARTRIDGE: 73362-0003-01 3.6 MG CARTRIDGE: 73362-0004-01	Refer to the Instructions for Use for complete administration

			4.3 MG CARTRIDGE: 73362-0005-01 5.2 MG CARTRIDGE: 73362-0006-01 6.3 MG CARTRIDGE: 73362-0007-01 7.6 MG CARTRIDGE: 73362-0008-01 9.1 MG CARTRIDGE: 73362-0009-01 11 MG CARTRIDGE: 73362-0010-01 13.3 MG CARTRIDGE: 73362-0011-01	instructions with illustrations.
mecasermin (Increlex)	J2170	Injection, mecasermin, 1 mg	40 mg (10 mg/mL) multiple dose glass vials	Inject Increlex exactly as your child's doctor or nurse has shown you.
mepolizumab (Nucala), autoinjector and syringe	J2182	Injection, mepolizumab, 1 mg	100 MG/ML A-INJ 40 MG/0.4ML PRSYR PED 100 MG/ML PRSYR	Prefilled Autoinjector and Prefilled Syringes: Provide proper training in subcutaneous injection technique and on the preparation and administration *Injection vial should be administered by a healthcare professional*
mirikizumab-mrkz (Omvoh), subcutaneous	J2267	Injection, mirikizumab-mrkz, 1 mg	(300 MG Dose) 100 MG/ML & 200 MG/2ML A-INJ (300 MG Dose) 100 MG/ML & 200 MG/2ML PRSYR 100 MG/ML A-INJ 100 MG/ML PRSYR	Patients may self-inject OMVOH after training
methotrexate Antirheumatic (Otrexup, Rasuvo, RediTrex), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	<u>Otrexup</u> 10 MG/0.4ML A-INJ: 54436-0010-02 10 MG/0.4ML A-INJ: 54436-0010-04 12.5 MG/0.4ML A-	Patients may self-inject if they have received proper training in how to prepare and

			INJ: 54436-0012-02 12.5 MG/0.4ML A- INJ: 54436-0012-04 15 MG/0.4ML A-INJ: 54436-0015-02 15 MG/0.4ML A-INJ: 54436-0015-04 17.5 MG/0.4ML A- INJ: 54436-0017-02 17.5 MG/0.4ML A- INJ: 54436-0017-04 20 MG/0.4ML A-INJ: 54436-0020-02 20 MG/0.4ML A-INJ: 54436-0020-04 22.5 MG/0.4ML A-INJ: 54436-0022-02 22.5 MG/0.4ML A-INJ: 54436-0022-04 25 MG/0.4ML A-INJ: 54436-0025-02 25 MG/0.4ML A-INJ: 54436-0025-04 Rasuvo 7.5 MG/0.15ML A-INJ: 59137-0505-00 7.5 MG/0.15ML A-INJ: 59137-0505-01 7.5 MG/0.15ML A-INJ: 59137-0505-04 10 MG/0.2ML A-INJ: 59137-0510-00 10 MG/0.2ML A-INJ: 59137-0510-01 10 MG/0.2ML A-INJ: 59137-0510-04 12.5 MG/0.25ML A-INJ: 59137-0515-00 12.5 MG/0.25ML A-INJ: 59137-0515-01 12.5 MG/0.25ML A- INJ: 59137-0515-04 15 MG/0.3ML A-INJ: 59137-0520-00 15 MG/0.3ML A-INJ: 59137-0520-01	administer the correct dose

			15 MG/0.3ML A-INJ: 59137-0520-04 17.5 MG/0.35ML A-INJ: 59137-0525-00 17.5 MG/0.35ML A-INJ: 59137-0525-01 17.5 MG/0.35ML A-INJ: 59137-0525-04 20 MG/0.4ML A-INJ: 59137-0530-00 20 MG/0.4ML A-INJ: 59137-0530-01 20 MG/0.4ML A-INJ: 5913-70530-04 22.5 MG/0.45ML A-INJ: 5913-70535-00 22.5 MG/0.45ML A-INJ: 5913-70535-01 22.5 MG/0.45ML A-INJ: 5913-70535-04 25 MG/0.5ML A-INJ: 5913-70540-00 25 MG/0.5ML A-INJ: 5913-70540-01 25 MG/0.5ML A-INJ: 5913-70540-04 30 MG/0.6ML A-INJ: 5913-70550-00 30 MG/0.6ML A-INJ: 5913-70550-01 30 MG/0.6ML A-INJ: 5913-70550-04 RediTrex 7.5 MG/0.3ML PRSYR: 66220-0807-11 7.5 MG/0.3ML PRSYR: 66220-0807-22 10 MG/0.4ML PRSYR: 66220-0810-11 10 MG/0.4ML PRSYR: 66220-0810-22 12.5 MG/0.5ML PRSYR: 66220-0812-11 12.5 MG/0.5ML PRSYR: 66220-0812-22 15 MG/0.6ML	

			PRSYR: 66220-0815-11 15 MG/0.6ML PRSYR: 66220-0815-22 17.5 MG/0.7ML PRSYR: 66220-0817-11 17.5 MG/0.7ML PRSYR: 66220-0817-22 20 MG/0.8ML PRSYR: 66220-0820-11 20 MG/0.8ML PRSYR: 66220-0820-22 22.5 MG/0.9ML PRSYR: 66220-0822-11 22.5 MG/0.9ML PRSYR: 66220-0822-22 25 MG/ML PRSYR: 66220-0825-11 25 MG/ML PRSYR: 66220-0825-22	
methylnatrexone (Relistor)	J2212	Injection, methylnaltrexone, 0.1 mg	8 mg/0.4 mL prefilled syringe 12 mg/0.6 mL prefilled syringe 12 mg/0.6 mL single dose vial	For patient or caregiver instructions for preparation and administration of Relistor injection, see Instructions for Use *For members enrolled in hospice, this drug is covered under the hospice benefit.*
metreleptin (Myalept)	C9399 J3490 J3590	Unclassified drugs or biologicals	11.3 MG RECON: 10122-0210-02 11.3 MG RECON: 76431-0210-01	The patients and caregivers should prepare and administer the first dose of Myalept under the supervision of a qualified healthcare professional.
nedosiran (Rivfloza), prefilled syringes	C9399 J3490	Unclassified drugs or biologicals	128 MG/0.8ML PRSYR: 00169-5307-08 160 MG/ML PRSYR: 00169-5306-10	A healthcare professional, caregiver, or patient 12 years of age and older may

			80 MG/0.5ML SOLUTION: 00169-5308-01	inject RIVFLOZA using the pre-filled syringe.
nemolizumab-ilto (Nemluvio)	C9399 J3490 J3590	Unclassified drugs or biologicals	30 mg Prefilled Pen: 00299-6220-15	Patients may self-inject after receiving training on SC injection techniques.
octreotide (Sandostatin), subcutaneous	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	Sandostatin 50, 100, or 500 mcg/mL ampuls Octreotide 50 MCG/ML PRSYR 100 MCG/ML PRSYR 500 MCG/ML PRSYR 50 MCG/ML SOLUTION 100 MCG/ML SOLUTION 200 MCG/ML SOLUTION 500 MCG/ML SOLUTION 1000 MCG/ML SOLUTION	Careful instruction in sterile subcutaneous injection technique should be given to the patients and to other persons who may administer Sandostatin Injection
ofatumumab (Kesimpta)	C9399 J3490 J3590	Unclassified drugs or biologicals	20 MG/0.4ML A-INJ: 00078-1007-68	Kesimpta is intended for patient self-administration by subcutaneous injection.
omacetaxine (Synribo)	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	3.5 mg (Single-use vial)	Ensure that the patient is a candidate for self-administration or for administration by a caregiver.
pasireotide (Signifor)	C9399 J3490 J3590	Unclassified drugs or biologicals	0.3 MG/ML Ampule: 00078-0633-20 55292-0131-60 00078-0634-20 55292-0132-60 00078-0635-20 55292-0133-60	A healthcare provider should show you how to prepare and give your dose of Signifor before you use it for the first time.
pegcetacoplan (Empaveli)	C9399 J3490 J3590	Unclassified drugs or biologicals	20-mL single-dose vials in an 8-count box (73606-010-01)	After proper training in subcutaneous infusion, a patient may self-administer, or the

				patient's caregiver may administer Empaveli
peginterferon beta-1a (Plegridy)	C9399 J3490 J3590	Unclassified drugs or biologicals	Plegridy Starter Pack 63 & 94 MCG/0.5ML A-INJ: 64406-0012-01 Plegridy Starter Pack 63 & 94 MCG/0.5ML PRSYR 64406-0016-01 Plegridy 125 MCG/0.5ML A-INJ: 64406-0011-01 64406-0011-02 (2 pens) Plegridy 125 MCG/0.5ML PRSYR 64406-0015-01 64406-0015-02 (2 syringes) 64406-0017-01 64406-0017-02 (2 syringes)	Healthcare professionals should train patients for self-administering using the prefilled pen or syringe or intramuscular injections using the prefilled syringe
pegvaliase-pqpz (Palynziq)	C9399 J3490 J3590	Unclassified drugs or biologicals	10 MG/0.5ML PRSYR: 68135-0756-19 10 MG/0.5ML PRSYR: 68135-0756-20 2.5 MG/0.5ML PRSYR: 68135-0058-89 2.5 MG/0.5ML PRSYR: 68135-0058-90 20 MG/ML PRSYR: 68135-0673-39 20 MG/ML PRSYR: 68135-0673-40 20 MG/ML PRSYR: 68135-0673-45	Provide appropriate instruction for methods of self-injection, including careful review of the Palynziq Medication Guide and Instructions for Use.
pegvisomant (Somavert)	C9399 J3490 J3590	Unclassified drugs or biologicals	Single dose vial 10 MG RECON: 00009-7166-01 10 MG RECON: 00009-7166-30 15 MG RECON: 00009-7168-01 15 MG RECON: 00009-7168-30 20 MG RECON: 00009-7188-01 20 MG RECON: 00009-7188-30	After proper injection instruction, on day after loading dose, patients or caregivers can begin daily subcutaneous injections

			25 MG RECON: 00009-7199-01 25 MG RECON: 00009-7199-30 30 MG RECON: 00009-7200-01 30 MG RECON: 00009-7200-30	
rilonacept (Arcalyst)	J2793	Injection, rilonacept, 1 mg	220 mg lyophilized powder for reconstitution (single-use 20 mL vial)	Do not try to inject Arcalyst until you have been shown the right way to give the injections by your or your child's healthcare provider.
risankizumab-rzaa (Skyrizi), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	75 MG/0.83ML PREF SY KT (150 MG Dose): 00074-2042-02 75 MG/0.83ML PREF SY KT (150 MG Dose): 00074-2042-71 Pen 150 MG/ML A-INJ: 00074-2100-01 180 MG/1.2ML CART (CROHN'S): 00074-1065-01 180 MG/1.2ML CART (CROHN'S): 00074-1066-01 360 MG/2.4ML CART (CROHN'S): 00074-1070-01 360 MG/2.4ML CART (CROHN'S): 00074-1069-01 600 MG/10ML SOLUTION (CROHN'S): 00074-5015-01 150 MG/ML PRSYR: 00074-1050-01	Patients may self-inject Skyrizi after training.
ropeginterferon alfa-2b-njft (Besremi)	C9399 J3490 J3590	Unclassified drugs or biologicals	500 MCG/ML PRSYR: 73536-0500-01	Besremi is for subcutaneous injection only and may be administered by a patient or a caregiver

sarilumab (Kevzara)	C9399 J3490 J3590	Unclassified drugs or biologicals	150 MG/1.14ML A-INJ: 00024-5920-01 200 MG/1.14ML A-INJ: 00024-5922-01 150 MG/1.14ML PRSYR: 00024-5908-01 200 MG/1.14ML PRSYR: 00024-5910-01	A patient may self-inject Kevzara or the patient's caregiver may administer Kevzara.
satralizumabmwge (Enspryng)	C9399 J3490 J3590	Unclassified drugs or biologicals	120 mg/mL single-dose prefilled syringe: 50242-007-01	After proper training, a patient may self-inject Enspryng or the patient's caregiver may administer Enspryng
secukinumab (Cosentyx), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	Cosentyx (300 MG Dose) 150 MG/ML PRSYR: 00078-0639-98 Cosentyx Sensoready (300 MG) 150 MG/ML A-INJ: 00078-0639-41 Cosentyx Sensoready Pen 150 MG/ML A-INJ: 00078-0639-68 Cosentyx UnoReady 300 MG/2ML A-INJ: 00078-1070-68 Cosentyx UnoReady 300 MG/2ML A-INJ: 00078-1070-96 Cosentyx 75 MG/0.5ML PRSYR: 00078-1056-97 Cosentyx 150 MG/ML PRSYR: 00078-0639-97	Patients may self-administer Cosentyx or be injected by a caregiver after proper training
setmelanotide (Imcivree)	C9399 J3490 J3590	Unclassified drugs or biologicals	10 mg/mL (multiple-dose vial): 72829-0010-01	Train patients or their caregivers on proper injection technique
somapacitan-beco (Sogroya)	C9399 J3490 J3590	Unclassified drugs or biologicals	5 MG/1.5ML PEN: 00169-2035-11 10 MG/1.5ML PEN: 00169-2030-11 15 MG/1.5ML PEN: 00169-2037-11	Advise the patient to read the FDA-approved patient labeling (Instructions for Use).

somatrogon-ghla (Ngenla)	C9399 J3490 J3590	Unclassified drugs or biologicals	24 MG/1.2ML PEN: 00069-0505-01 24 MG/1.2ML PEN: 00069-0505-02 60 MG/1.2ML PEN: 00069-0520-01 60 MG/1.2ML PEN: 00069-0520-02	Refer patient to the Instructions for Use for complete administration instructions
somatropin (Genotropin, Humatrope, Omnitrope, Saizen, Norditropin, Zomacton)	J2941	Injection, somatropin, 1 mg	Genotropin: MiniQuick 0.2 MG PRSYR: 00013-2649-01 MiniQuick 0.2 MG PRSYR: 00013-2649-02 MiniQuick 0.4 MG PRSYR: 00013-2650-02 MiniQuick 0.6 MG PRSYR: 00013-2651-02 MiniQuick 0.8 MG PRSYR: 00013-2652-02 MiniQuick 1 MG PRSYR: 00013-2653-02 MiniQuick 1.2 MG PRSYR: 00013-2654-02 MiniQuick 1.4 MG PRSYR: 00013-2655-02 MiniQuick 1.6 MG PRSYR: 00013-2656-02 MiniQuick 1.8 MG PRSYR: 00013-2657-02 MiniQuick 2 MG PRSYR: 00013-2658-02 12 MG CARTRIDGE: 00013-2646-81 5 MG CARTRIDGE: 00013-2626-81 Humatrope: 12mg Pen DEVICE: 00002-9561-01 24mg Pen DEVICE: 00002-9562-01 6mg Pen DEVICE: 00002-9560-01 12 MG CARTRIDGE: 00002-8148-01 24 MG CARTRIDGE: 00002-8149-01	Advise the patient to read the FDA-approved patient labeling (Instructions for Use).

			6 MG CARTRIDGE: 00002-8147-01 Norditropin FlexPro Pen: 5 MG/1.5ML PEN: 00169-7704-21 10 MG/1.5ML PEN: 00169-7705-21 15 MG/1.5ML PEN: 00169-7708-21 30 MG/3ML PEN: 00169-7703-21 Omnitrope: 5 Inj Device Pen: 00781-9602-49 5 Inj Device Pen: 94922-0201-34 10 Inj Device Pen: 94922-0201-33 5.8 MG RECON: 00781-4004-36 5.8 MG RECON: 00781-4014-71 5 MG/1.5ML CART: 00781-3001-07 5 MG/1.5ML CART: 00781-3001-26 10 MG/1.5ML CART: 00781-3004-07 10 MG/1.5ML CART: 00781-3004-26 Saizen/Saizen-prep: Saizen 5 MG RECON: 44087-1005-02 Saizen 8.8 MG RECON: 44087-1088-01 Saizenprep 8.8 MG RECON: 44087-0016-01 Zomacton: 5 MG RECON: 55566-1801-01 10 MG RECON: 55566-1901-01 Zoma-Jet 10 10 MG RECON: 55566-1902-01	

somatropin (Serostim)	J2941	Injection, somatropin, 1 mg	4 mg vial (multi-use vial) 5 mg vial (single-use vial) 6 mg vial (single-use vial)	Advise the patient to read the FDA-approved patient labeling (Instructions for Use).
spesolimab-sbzo (Spevigo), 300 mg subcutaneous	J1747	Injection, spesolimab-sbzo, 1 mg	150 mg/mL single-dose prefilled syringe	if the healthcare professional determines that it is appropriate, a patient 12 years of age and older may self-inject or the caregiver may administer SPEVIGO after proper training.
sumatriptan (Zembrace SymTouch), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	3 MG/0.5ML A-INJ: 00245-0809-38 00245-0809-89 67857-0809-37 67857-0809-38 70792-0809-38 70792-0809-39 70792-0809-89	Self-administer Zembrace SymTouch.
sumatriptan (Imitrex), subcutaneous	J3030	Injection, sumatriptan succinate, 6 mg	Imitrex STATdose Refill 4 MG/0.5ML CART: 00173-0739-02 Imitrex STATdose Refill 6 MG/0.5ML CART: 00173-0478-00 Imitrex STATdose System 4 MG/0.5ML A-INJ: 00173-0739-00 Imitrex STATdose System 6 MG/0.5ML A-INJ: 00173-0479-00 Imitrex 6 MG/0.5ML SOLUTION: 00173-0449-02	Instruct patients on the proper use of Imitrex STATdose Pen
teriparatide (Forteo)	J3110	Injection, teriparatide, 10 mcg	560 MCG/2.24ML PEN Multidose: 00002-8400-01	Patients and/or caregivers who administer Forteo should instruction on the proper use of the Forteo prefilled

				delivery device (pen).
tesamorelin acetate (Egrifta)	C9399 J3490 J3590	Unclassified drugs or biologicals	2 MG RECON single-dose vial: 62064-0241-30	Instruct patients to read the Instructions for Use enclosed in the Egrifta SV Medication Box
testosterone enanthate (Xyosted)	C9399 J3490 J3590	Unclassified drugs or biologicals	50 MG/0.5ML A-INJ: 54436-0250-02 50 MG/0.5ML A-INJ: 54436-0250-04 75 MG/0.5ML A-INJ: 54436-0275-02 75 MG/0.5ML A-INJ: 54436-0275-04 100 MG/0.5ML A-INJ: 54436-0200-02 100 MG/0.5ML A-INJ: 54436-0200-04	Instruct patients on the proper use of Xyosted and direct them to use the proper injection site.
tezepelumab-ekko (Tezspire), prefilled pens	J2356	Injection, tezepelumab-ekko, 1 mg	210 mg/1.91 mL (110 mg/mL) single-dose pre-filled pen or syringe	Patients/caregivers may administer Tezspire pre-filled pen after proper training.
tocilizumab (Actemra), subcutaneous	J3262	Injection, tocilizumab, 1 mg	162 mg/0.9 mL prefilled syringe 162 mg/0.9 mL ACTPen autoinjector	A patient may self-inject Actemra or the patient's caregiver may administer Actemra. *SJIA, PJIA, RA, GCA: IV, SC* *SSAILD: SC only* *Cytokine Release Syndrome (CRS): IV only* *COVID 19: IV only*
tocilizumab-aazg (Tyenne), subcutaneous	Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	162 MG/0.9ML A-INJ: 65219-0584-01 162 MG/0.9ML PRSYR: 65219-0586-04	A patient may self-inject or the patient's caregiver may administer if a healthcare practitioner

				determines that it is appropriate
tralokinumab-ldrm (Adbry)	C9399 J3490 J3590	Unclassified drugs or biologicals	300 MG/2ML A-INJ: 50222-0350-01 300 MG/2ML A-INJ: 50222-0350-02 150 MG/ML PRSYR: 50222-0346-02 150 MG/ML PRSYR: 50222-0346-04	See the detailed "Instructions for Use" that comes with Adbry for information on how to prepare and inject Adbry.
ustekinumab (Stelara), prefilled syringe	J3357	Ustekinumab, for subcutaneous injection, 1 mg	45 mg single-use prefilled syringe 90 mg single-use prefilled syringe	A patient may self-inject, or a caregiver may inject Stelara after proper training.
ustekinumab-auub (Wezlana), subcutaneous	Q5137	Injection, ustekinumabauub (wezlana), biosimilar, subcutaneous, 1 mg	45 mg single-use prefilled syringe 90 mg single-use prefilled syringe 45 mg single-dose vial	A patient may self-inject, or a caregiver may inject after proper training in subcutaneous injection technique
vedolizumab (Entyvio), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	108 MG/0.68ML A-INJ	A patient may self-inject or caregiver may inject after proper training on correct subcutaneous injection technique.
vosoritide (Voxzogo)	C9399 J3490	Unclassified drugs or biologicals	0.4 MG RECON: 68135-0082-36 0.56 MG RECON: 68135-0119-66 1.2 MG RECON: 68135-0181-93	Caregivers may inject Voxzogo subcutaneously after proper training.

Coverage Period:
dependent on drug

References

1. AHFS Drug Information. Available by subscription at http://www.lexi.com
2. DrugDex. Available by subscription at http://www.micromedexsolutions.com/home/dispatch
3. Drugs@FDA: FDA Approved Drug Products

Review History

Date of Last Annual Review: 2Q2025
Changes from previous policy version:

- Entyvio subcutaneous form: Corrected HCPCS to C9399/J3490/J3590
- Tyenne subcutaneous form: Corrected HCPCS to Q5135

Blue Shield of California Medication Policy to Determine Medical Necessity
Reviewed by P&T Committee