Self-Administered Medications

Medical Benefit Drug Policy

These drugs are covered under the pharmacy benefit only.

Note: 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.

Drug Details

- 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)
- alirocumab (Praluent)
- anakinra (Kineret)
- apomorphine hydrochloride (Apokyn)
- asfotase-alfa (Strensiq)
- belimumab (Benlysta), subcutaneous
- benralizumab (Fasenra), Autoinjector
- bremelanotide (Vyleesi)
- brodalumab (Siliq)
- c-1 esterase inhibitor (Haegarda)
- caplacizumab-yhdp (Cablivi), subsequent doses
- certolizumab (Cimzia)
- corticotropin (Acthar)
- corticotropin (Purified Cortropin Gel)
- dihydroergotamine mesylate injection (D.H.E. 45)
- dupilumab (Dupixent)
- erenumab-aoooe (Aimovig)
- etanercept (Enbrel)
- evolucumab (Repatha)
- fremanezumab-vfrm (Ajovy)
- galcanezumab-gnlm (Emgality)
- glatiramer (Copaxone, Glatopa)
- golimumab (Simponi)
- guselkumab (Tremfya)
- icatibant (Firazyr)
- 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)
- lonapegsomatropin-tcgd (Skytrofa)
- mecasermin (Increlex)
- mepolizumab (Nucala), autoinjector and syringe
- methotrexate injection, subcutaneous (Otrexup, Rasuvo, RediTrex)
- methylnatrexone (Relistor)
- metreleptin for injection (Myalept)
- mirikizumab-mrkz (Omvoh)
- octreotide (Sandostatin), subcutaneous
- ofatumumab (Kesimpta)
- omacetaxine (Synribo)
- parathyroid hormone (Natpara)
- pasireotide (Signifor)
- peg-cetacoplan (Empaveli)
- peginterferon beta-1a (Plegridy)
- pegvaliasepqpz (Palynziq)
- pegvisomant (Somavert)
- rilonacept (Arcalyst)
- risankizumab-rzaa (Skyrizi), subcutaneous
- ropeginterferon alfa-2b-njft (Besremi)
- sarilumab (Kevzara)
- satralizumabmwge (Enspryng)
- secukinumab (Cosentyx)
- setmelanotide (Imcivree)
- somatropin (Genotropin, Humatrope, Norditropin, Nutropin, Omnitrope, Saizen, Zorbtive, Zomacton)
- somatropin (Serostim)
- sumatriptan (Imitrex, Zembrace SymTouch)
- teriparatide (Forteo)
- tesamorelin acetate (Egrifta)
- testosterone enanthate (Xyosted)
- tezepelumab-ekko (Tezspire), prefilled pens
- tocilizumab (Actemra), subcutaneous
- tralokinumab-ldrm (Adbry)
- ustekinumab (Stelara), subcutaneous
- vosoritide (Voxzogo)
- vedolizumab (Entyvio), subcutaneous

Special Instructions and pertinent Information

Coverage Criteria

The following condition(s) require Prior Authorization/Preservice:

<u>All covered indications:</u>

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

Additional Information:

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 solution (single-dose prefilled syringes) 125 mg/ml solution (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.
adalimumab (Humira)	J0135	Injection, adalimumab, 20 mg	Pens 40 mg/0.8 mL: 00074-4339-02 (2 pens) / 40 mg/0.4 mL: 00074-0554-02 (2 pens) 80 mg/0.8 mL: 00074-0124-02 (2 pens) Prefilled Syringe 40 mg/0.8 mL: 00074-3799-02 (2 syringes) / 40 mg/0.4 mL: 00074-0243-02 (2 syringes) 20 mg/0.2 mL: 00074-0616-02 (2 syringes) 10 mg/0.1 mL: 00074-0817-02 (2 syringes) Crohn's Disease/Ulcerative Colitis/Hidradenitis Suppurativa Starter Package 40 mg/0.8 mL: 00074-4339-06 (6 pens) 80 mg/0.8 mL: 00074-0124-03 (3 pens) Psoriasis/Uveitis/Adolescent Hidradenitis Suppurativa Starter Package 40 mg/0.8 mL: 00074-4339-07 (4 pens)	A patient may self-inject HUMIRA or a caregiver may inject HUMIRA using either the HUMIRA Pen or prefilled syringe.

			80 mg/0.8 mL and 40 mg/0.4 mL: 00074-1539-03 (3 pens) Pediatric Crohn's Starter Package 80 mg/0.8 mL: 00074-2540-03 (3 syringes) 80 mg/0.8 mL and 40 mg/0.4 mL: 00074-0067-02 (2 syringes) Pediatric Ulcerative Colitis Starter Package 80 mg/0.8 mL: 00074-0124-04 (4 pens)	
adalimumab-aacf (Idacio)	Q5131	Injection, adalimumab-aacf (idacio), biosimilar, 20 mg	Pen Carton - 40 mg/0.8 mL (2 pens): 65219-554-08 Pen 40 mg/0.8 mL - Starter Package for Plaque Psoriasis (2 pens): 65219-554-28 Pen 40 mg/0.8 mL - Starter Package for Crohn's Disease, Ulcerative Colitis (2 pens): 65219-554-38 Prefilled Syringe Carton - 40 mg/0.8 mL (2 prefilled glass syringes): 65219-556-18	A patient may self-inject IDACIO or a caregiver may inject IDACIO using either the IDACIO Pen or prefilled syringe.
adalimumab-aaty (Yuflyma)	C9399, J3490, J3590	Unclassified drugs or biologicals	Pen Carton - 40mg/0.8 mL (2 pens): 70114-220-02 Prefilled Syringe Carton - 40mg/0.8 mL (2 pens): 70114-210-02.	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	40 mg/0.8 mL (2 prefilled syringe): 61314-876-02 40 mg/0.8 mL (2 Sensoready Pen): 61314-871-02 40 mg/0.8 mL (6 Sensoready Pen): 61314-871-06	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.
adalimumab-adbm (Cyltezo)	C9399, J3490, J3590	Unclassified drugs or biologicals	40 mg/0.8 mL (2 pens): 0597-0375-97 40 mg/0.8 mL – Starter Package for Psoriasis or Uveitis (4 pens): 0597-0375-23 40 mg/0.8 mL – Starter Package for Crohn's Disease, Ulcerative Colitis or Hidradenitis Suppurativa (6 pens): 0597-0375-16 10 mg/0.2 mL (2 prefilled syringe): 0597-0400-89 20 mg/0.4 mL (2 prefilled syringe): 0597-0405-80	A patient may self-inject CYLTEZO or a caregiver may inject CYLTEZO using either the CYLTEZO Pen or prefilled syringe.

			40 mg/0.8 mL (2 prefilled syringe): 0597-0370-82	
adalimumab-afzb (Abrilada)	*Through 12/30/2023*: C9399, J3490, J3590 *Effective 1/1/2024:* Q5132 per 10 mg	Injection, adalimumab-afzb (abrilada), biosimilar, 10 mg	Pen: 40 mg/0.8 mL Prefilled syringe: 10 mg/0.2 mL, 20 mg/0.4 mL, 40 mg/0.8 mL	Can be given by a patient, caregiver or healthcare provider
adalimumab-aqvh (Yusimry)	C9399, J3490, J3590	Unclassified drugs or biologicals	Pen Carton - 40mg/0.8 mL (2 pens): 70114-220-02 Prefilled Syringe Carton - 40mg/0.8 mL (2 prefilled syringes: 70114-210-02	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	One 10 mg/0.2 mL prefilled glass syringe (55513-413-01) One 20 mg/0.4 mL prefilled syringe (55513-411-01) One 40 mg/0.8 mL prefilled syringe (55513-410-01) Two 40 mg/0.8 mL prefilled syringe (55513-410-02) One 40 mg/0.8 mL Prefilled SureClick Autoinjector: (55513-400-01, 72511-400-01) Two 40 mg/0.8 mL Prefilled SureClick Autoinjector: (55513-400-02, 72511-400-02)	A patient may self-inject AMJEVITA or a caregiver may inject AMJEVITA using either the AMJEVITA prefilled SureClick autoinjector or prefilled syringe.
adalimumab-bwwd (Hadlima)	C9399 J3490 J3590	Unclassified drugs or biologicals	40 mg/0.8 mL (2 autoinjectors): 78206-184-01 40 mg/0.8 mL (2 prefilled syringes): 78206-183-01 40 mg/0.8 mL (1 dose vial institutional use): 78206-185-01 40 mg/0.4 mL (2 autoinjectors): 78206-187-01 40 mg/0.4 mL (2 prefilled syringes): 78206-186-01.	A patient may self-inject HADLIMA or a caregiver may inject HADLIMA using either the HADLIMA PushTouch or HADLIMA prefilled syringe.
adalimumab-fkjp (Hulio)	C9399 J3490 J3590	Unclassified drugs or biologicals	20 mg/0.4 mL (2 prefilled syringes): 49502-381-02. 40 mg/0.8 mL (2 prefilled syringes): 49502-382-02. 40 mg/0.8 mL (2 pens): 49502-380-02	A patient may self-inject HULIO or a caregiver may inject HULIO using either the HULIO Pen or prefilled syringe.
alirocumab (Praluent)	C9399 J3490 J3590	Unclassified drugs or biologicals	75 mg/ml Pre-Filled Pen, 2 pack: 61755-0020-02 / 00024-5901-02 150 mg/ml Pre-Filled Pen, 2 pack: 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	One - 100 mg prefilled syringe (66658-0234-01) Seven - 100 mg prefilled syringes (66658-0234-07)	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.
asfotase-alfa (Strensiq)	C9399 J3490 J3590	Unclassified drugs or biologicals	18 mg/0.45 mL (single dose vial): 25682-0010-01 (1 vial) 25682-0010-12 (12 vials) 28 mg/0.7 mL (single dose vial): 25682-0013-01 (1 vial) 25682-0013-12 (12 vials) 40 mg/mL (single dose vial): 25682-0016-01 (1 vial) 25682-0016-12 (12 vials) 80 mg/0.8 mL (single dose vial): 25682-0019-01 (1 vial) 25682-0019-12 (12 vials)	STRENSIQ is for subcutaneous injection only. Advise the patient or caregiver to read the FDA-approved patient labeling
belimumab (Benlysta), subcutaneous	C9399 J3490 J3590	Injection, belimumab, 10 mg	200 mg single dose prefilled autoinjector (49401-0088-01) 200 mg single dose prefilled autoinjectors, box of 4: (449401-0088-35) 200 mg single-dose prefilled syringe (49401-0088-42) 200 mg single-dose prefilled syringes, box of 4 (49401-0088-47)	A patient may self-inject, or the patient caregiver may administer BENLYSTA autoinjector or prefilled syringe.
benralizumab (Fasenra), Autoinjector	J0517	Injection, benralizumab, 1 mg	30 mg/mL single-dose pre-filled autoinjector pen	FASENRA PEN is intended for administration by patients/caregivers.
bremelanotide (Vyleesi)	C9399 J3490	Unclassified drugs or biologicals	1.75 mg/0.3 mL autoinjector: 64011-0701-01 1.75 mg/0.3 mL autoinjector: 64011-0701-04 (box of 4)	Advise the patient or caregiver to read the FDA-approved patient labeling
brodalumab (Siliq)	C9399 J3490 J3590	Unclassified drugs or biologicals	One -210 mg/1.5 mL single-dose prefilled syringes: 0187-0004-00 Two - 210 mg/1.5 mL single-dose prefilled syringe:s 0187-0004-02:	Patients may self-inject Siliqusing the prefilled syringe.
c-1 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.
certolizumab (Cimzia)	J0717	Injection, certolizumab pegol, 1 mg	200 mg/mL solution in a single-use prefilled glass syringe	A patient may self-inject with the Cimzia Prefilled Syringe.

corticotropin (Acthar Gel)	J0800: through 9/30/2023 J0801: Effective 10/1/2023 and after	Injection, corticotropin (acthar gel), up to 40 units	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)	J0800: through 9/30/2023 J0802: Effective 10/1/2023 and after	Injection, corticotropin, up to 40 units	400 USP units/5 ml (multiple-dose vials)	Advise caretakers of patients to read the FDA-approved patient labeling (Medication Guide).
dihydroergotamine mesylate injection (D.H.E. 45)	J1110	Injection, dihydroergotamine mesylate, per 1 mg	1 mg/ml solution supplied in sterile ampules	Before self-injecting D.H.E. 45 you will need to obtain instruction on how to properly administer your medication
dupilumab (Dupixent)	C9399 J3490 J3590	Unclassified drugs or biologicals	Pre-filled syringes with needle shield, Pack of 2: 300 mg: NDC 0024-5914-01 200 mg: NDC 0024-5918-01 100 mg: NDC 0024-5911-02 Pre-filled Pen: Pack of 2 300 mg: NDC 0024-5915-02 200 mg: NDC 0024-5919-02	Before injecting Dupixent read "Instructions for Use".
erenumab-aoooe (Aimovig)	C9399 J3490 J3590	Unclassified drugs or biologicals	70 mg/mL single-dose prefilled autoinjector: 55513-841-01 140 mg/2 mL (2 x 70 mg/mL single-dose prefilled autoinjectors): 55513-841-02 70 mg/mL single-dose prefilled syringe: 55513-840-01 140 mg/2 mL (2 x 70 mg/mL single-dose prefilled syringes): 55513-840-02	Aimovig is intended for patient self-administration.
etanercept (Enbrel)	J1438	Injection, etanercept, 25 mg	Prefilled syringe: 25 mg/0.5 mL / 50 mg/mL (single-dose) Prefilled SureClick Autoinjector: 50 mg/mL (single-dose) Enbrel Mini: 50 mg/mL in single-dose prefilled cartridge for use with the AutoTouch reusable autoinjector only Vial: 25 mg/0.5 mL (single dose) / 25 mg lyophilized powder (multiple-dose)	Patients may self-inject.
evolucumab (Repatha)	C9399 J3490 J3590	Unclassified drugs or biologicals	140 mg/mL single-use prefilled syringe - 1 pack (NDC: 72511-750-01) 140 mg/mL single-use prefilled SureClick® autoinjector - 1 pack (NDC: 72511-0760-01) 140 mg/mL single-use prefilled SureClick® autoinjector - 2 pack (NDC: 72511-0760-02) 420 mg/3.5ml single-use	Train patients and/or caregivers on how to prepare and administer Repatha.

			Pushtronex™system on-body infusor with prefilled cartridge (NDC: 72511-0770-01)	
fremanezumab-vfrm (Ajovy)	J3031	Injection, fremanezumab-vfrm, 1 mg	225 mg/1.5 mL solution in a single-dose prefilled syringe 225 mg/1.5 mL solution in a single-dose prefilled autoinjector	Ajovy may be administered by patients, and/or caregivers.
galcanezumab-gnlm (Emgality)	C9399 J3490 J3590	Unclassified drugs or biologicals	100 mg/mL solution in a single-dose prefilled syringe 120 mg/mL solution in a single-dose prefilled syringe 120 mg/mL solution in a single-dose prefilled pen	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	50 mg, 100 mg (prefilled syringe or single-dose prefilled SmartJect autoinjector)	If a patient or caregiver may administer Simponi, he/she should be instructed in injection techniques.
guselkumab (Tremfya)	J1628	Injection, guselkumab, 1 mg	100 mg/mL (single dose prefilled syringe or single dose One-Press patient-controlled injector)	A patient may self-inject after proper training.
icatibant (Firazyr)	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.
inotersen (Tegsedi)	C9399 J3490	Unclassified drugs or biologicals	284 mg/1.5 mL single-dose prefilled syringe, pack of 1 syringe (72126-007-03) 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	8.8 mcg, 22 mcg, 44 mcg (single-dose prefilled syringe) 8.8 mcg, 22 mcg, 44 mcg (single-dose prefilled Rebidose autoinjector)	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 powder vial) 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	0.3mg in (single-use powder 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 in (single-use powder 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 IU in a 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 single-dose autoinjectors box of 1: 0002-1445-11 box of 2: 0002-1445-27 box of 3: 0002-1445-09 80 mg single-dose prefilled syringes box of 1: 0002-7724-11 box of 2: 0002-7724-27 box of 3: 0002-7724-09	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	300 mg/2 mL single-dose vial or prefilled syringe	Takhzyro is intended for self-administration or administration by a caregiver.
lonapegsomatropin-tcgd (Skytrofa)	C9399 J3490	Unclassified drugs or biologicals	3 mg, 3.6 mg, 4.3 mg, 5.2 mg, 6.3 mg, 7.6 mg, 9.1 mg, 11 mg and 13.3 mg: lyophilized powder available in single-dose, dual-chamber, prefilled cartridges	Refer to the Instructions for Use for complete administration instructions with illustrations.
mecasermin (Increlex)	J2170	Injection, mecasermin, 1 mg	40 mg (10 mg/mL) sterile solution in 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 single-dose prefilled autoinjector/prefilled glass syringe	Prefilled Autoinjector and Prefilled Syringes: Provide proper training in subcutaneous injection technique and

				on the preparation and administration
mirikizumab-mrkz (Omvoh), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	100 mg/mL solution in a single-dose prefilled pen	Carton of 2: 00002-8011-27
methotrexate Antirheumatic (Otrexup, Rasuvo)	Through 3/31/2024: C9399 J3490 Effective 4/1/2024 and after: J9260	Injection, methotrexate sodium, 50 mg	<u>Otrexup single dose auto-injectors</u> 10 mg/0.4 mL: 54436-010-02 (single) / 54436-010-04 (box of 4) 12.5 mg/0.4 mL: 54436-012-02 (single) / 54436-012-04 (box of 4) 15 mg/0.4 mL: 54436-015-02 (single) / 54436-015-04 (box of 4) 17.5 mg/0.4 mL: 54436-017-02 (single) / 54436-017-04 (box of 4) 20 mg/0.4 mL: 54436-020-02 (single) / 54436-020-04 (box of 4) 22.5 mg/0.4 mL: 54436-022-02 (single) / 54436-022-04 (box of 4) 25 mg/0.4 mL: 54436-025-02 (single) / 54436-025-04 (box of 4) <u>Rasuvo single-dose manually-triggered auto-injector</u> 7.5 mg per 0.15 mL: 59137-505-01 (single) / 59137-505-04 (box of 4) 10 mg per 0.20 mL: 59137-510-01 (single) / 59137-510-04 (box of 4) 15 mg per 0.30 mL: 59137-520-01 (single) / 59137-520-04 (box of 4) 17.5 mg per 0.35 mL: 59137-525-01 (single) / 59137-525-04 (box of 4) 20 mg per 0.40 mL: 59137-530-01 (single) / 59137-530-04 (box of 4) 22.5 mg per 0.45 mL: 59137-535-01 (single) / 59137-535-04 (box of 4) 25 mg per 0.50 mL: 59137-540-01 (single) / 59137-540-04 (box of 4) 27.5 mg per 0.55 mL: 59137-545-01 (single) / 59137-545-04 (box of 4) 30 mg per 0.60 mL: 59137-550-01 (single) / 59137-550-04 (box of 4)	Patients may self-inject if they have received proper training in how to prepare and administer the correct dose
methotrexate Antirheumatic (RediTrex)	Through 3/31/2024: C9399 J3490 Effective 4/1/2024 and after: J9260	Injection, methotrexate sodium, 50 mg	<u>Single-dose pre-filled syringe</u> 15 mg/0.6 mL: 66220-815-11 (single) / 66220-815-22 (box of 4) 20 mg/0.8 mL: 66220-820-11 (single) / 66220-820-22 (box of 4) 25 mg/mL: 66220-825-11 (single) / 66220-825-22 (box of 4)	Patients may self-inject if they have received proper training in how to prepare and administer the correct dose
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
metreleptin (Myalept)	C9399 J3490 J3590	Unclassified drugs or biologicals	11.3 mg sterile, white, solid, lyophilized cake of metreleptin per vial to deliver 5 mg per mL	The patients and caregivers should prepare and administer the first dose of Myalept under the supervision of a qualified healthcare professional.
octreotide (Sandostatin), subcutaneous	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	50, 100, or 500 mcg ampuls 200 and 1000 mcg multi-dose vials	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/0.4 mL single-dose prefilled Sensoready Pen (0078-1007-68) 20 mg/0.4 mL single-dose prefilled syringe (0078-1007-68)	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.
parathyroid hormone (Natpara)	C9399 J3490 J3590	Unclassified drugs or biologicals	2 cartridges of 25 mcg/dose strength (NDC 68875-0202-2) 2 cartridges of 50 mcg/dose strength (NDC 68875-0203-2) 2 cartridges of 75 mcg/dose strength (NDC 68875-0204-2) 2 cartridges of 100 mcg/dose strength (NDC 68875-0205-2)	Patients and caregivers who will administer Natpara should receive appropriate training prior to first use of Natpara.
pasireotide (Signifor)	C9399 J3490 J3590	Unclassified drugs or biologicals	0.3 mg/mL, #60 ampules, single-dose ampules (00078-0633-20) 0.3 mg/mL, #6 ampules, single-dose ampules (00078-0633-06) 0.3 mg/mL, #1 ampule, single-dose ampuls (00078-0633-61) 0.6 mg/mL, #60 ampules, single-dose ampules (00078-0634-20) 0.6 mg/mL, #6 ampules, single-dose ampules (00078-0634-06) 0.6 mg/mL, #1 ampule, single-dose ampule (00078-0634-61) 0.9 mg/mL, #60 ampules, single-dose ampules (00078-0635-20) 0.9 mg/mL, #6 ampules, single-dose ampules (00078-0635-06) 0.9 mg/mL, #1 ampule, single-dose ampule (00078-0635-61)	A healthcare provider should show you how to prepare and give your dose of Signifor before you use it for the first time.
peg-cetacoplan (Empaveli)	C9399 J3490 J3590	Injection, pegcetacoplan, 1 mg	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	125 mcg (single-dose prefilled pen): NDC 64406-011-01 (box of 2 pens) 63 mcg and 94 mcg (single-dose prefilled pens, Injection starter pack): 64406-011-01 (box of 2 pens, one of each dose) 125 mcg (single-dose prefilled syringe): NDC 64406-015-01 (contains 2 pens) 63 mcg and 94 mcg (single-dose prefilled syringes, Injection starter pack): 64406-016-01 (box of 2 pens, one of each dose)	Healthcare professionals should train patients for self-administering using the prefilled pen or syringe or intramuscular injections using the prefilled syringe
pegvaliasepqpz (Palynziq)	C9399 J3490 J3590	Unclassified drugs or biologicals	2.5 mg/0.5 mL single dose prefilled syringe (68135-058-90) 10 mg/0.5 mL single dose prefilled syringe (68135-756-20) 20 mg/mL single dose prefilled syringe (68135-673-40) 20 mg/mL single dose prefilled syringes, box of 10 (68135-673-45)	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 I00009-7166-01) 15 mg (00009-7168-01) 20 mg (00009-7188-01) 25 mg (00009-7199-01) 30 mg (00009-7200-01)	After proper injection instruction, on day after loading dose, patients or caregivers can begin daily subcutaneous injections
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	150 mg/mL single-dose pen, box of 1 (0074-2100-01) 75 mg/0.83 mL single-dose prefilled syringe, box of 2 (0074-2042-02) 90 mg/mL single-dose prefilled syringe, box of 2 (0074-7034-02) 90 mg/mL single-dose prefilled syringe, box of 4 (0074-7036-04) 150 mg/mL single-dose prefilled syringe, box of 1 (0074-1050-01) 180 mg/1.2 mL (150 mg/mL) single-dose prefilled cartridge with on-body injector Kit (0074-1065-01) 360 mg/2.4 mL (150 mg/mL) single-dose prefilled cartridge with on-body injector Kit (0074-1070-01)	Patients may self-inject Skyrizi after training.
ropeginterferon alfa-2b-njft (Besremi)	C9399 J3490 J3590	Unclassified drugs or biologicals	500 mcg/mL single-dose prefilled syringe	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 [single-dose syringes, 2 pack] (0024-5908-01) 200 mg [single-dose syringes, 2 pack] (0024-5910-01) 150 mg [single-dose pens, 2 pack] (0024-5920-01) 200 mg [single-dose pens, 2 pack] (0024-5922-01)	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)	C9399 J3490 J3590	Unclassified drugs or biologicals	150 mg/mL (300mg dose) Sensoready pens: 0078-0639-41 (box of 2) 150 mg/mL single-use Sensoready pen: 0078-0639-68 (box of 1) 150 mg/mL single-use prefilled syringe: 0078-0639-97 (box of 1) 150 mg/mL (300 mg dose) single-use prefilled syringes: 0078-0639-98 (box of 2)	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
somatropin (Genotropin, Humatrope, Omnitrope, Saizen, Norditropin, Nutropin, Zorbtive, Zomacton) *Prior to 6/1/2024, the indications of Noonan syndrome, Rader-Willi Syndrome, and Turner Syndrome will not require prior approval when certain parameters are met. Starting 6/1/2024, these indications will require prior approval.*	J2941	Injection, somatropin, 1 mg	Humatrope: 5 mg vial (00002-7349-01) Cartridge Kit: 6 mg (00002-8147-01) / 12 mg (00002-8148-01) and 24 mg (00002-8149-01) cartridge Nutropin AQ NuSpin: 5 mg (50242-0075-01) / 10 mg (50242-0074-01) / 20 mg (50242-0076-01) Genotropin: Miniquick Device: 0.2 mg, 0.4 mg, 0.6 mg, 0.8 mg, 1.0 mg, 1.2 mg, 1.4 mg, 1.6 mg, 1.8 mg, and 2.0mg Lyophilized powder: 5 mg two-chamber cartridge (00013-2626-81), 1 box Lyophilized powder: 12 mg two-chamber cartridge (00013-2646-81), 1 box Norditropin FlexPro Pen: 5 mg (00169-7704-21) / 10 mg (00169-7705-21) / 15 mg (00169-7708-21) / 30 mg (00169-7703-21) Omnitrope: 5.8 mg vial: 00781-4004-36 (box of 8) 5 mg/1.5 ml: 00781-3001-07 (1 cartridge) / 00781-3001-26 (5 cartridges) 10 mg/1.5 ml: 00781-3004-07 (1 cartridge) / 00781-3004-26 (5 cartridges) Saizen: 5 mg (44087-1005-02) / 8.8 mg (44087-1088-01)	Advise the patient to read the FDA-approved patient labeling (Instructions for Use).

			Saizenprep: 8.8 mg cartridge (44087-0016-01) Zomacton: 5 mg (55566-1801-01) / 10 mg (55566-1902-01 / 55566-1901-01)	
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).
sumatriptan (Zembrace SymTouch), subcutaneous	C9399 J3490 J3590	Unclassified drugs or biologicals	3 mg sumatriptan in 0.5 mL prefilled, ready-to-use, single dose, disposable auto-injector (67857-0809-38, 67857-0809-37, 00245-0809-38, 00245-0809-89)	Self-administer Zembrace SymTouch.
sumatriptan (Imitrex), subcutaneous	J3030	Injection, sumatriptan succinate, 6 mg	Imitrex (J3030): STATdose System Kit: 4 mg (NDC 0173-0739-00) / 6 mg (NDC 0173-0479-00) 4 mg single-dose prefilled syringe cartridge: NDC 0173-0739-02 (2 syringes) 6 mg single-dose prefilled syringe cartridge: NDC 0173-0478-00 (2 syringes) 6 mg/0.5 ml vial solution for injection Sumatriptan succinate (J3030): System Kit: 4 mg / 6mg 4 mg/0.5 ml prefilled syringe auto-injector 6 mg/0.5 ml prefilled syringe auto-injector 4 mg/0.5 ml solution refill cartridge 6 mg/0.5 ml solution refill cartridge 6 mg/0.5 ml vial solution for injection	Instruct patients on the proper use of Imitrex STATdose Pen
teriparatide (Forteo)	J3110	Injection, teriparatide, 10 mcg	Multi-dose prefilled delivery device (pen) containing 28 daily doses of 20 mcg	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 lyophilized powder in a single-dose vial	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	• 100 mg/0.5 mL single-dose autoinjector syringe (54436-200-02) • 100 mg/0.5 mL single-dose autoinjector syringe, box of 4 (54436-200-04) • 50 mg/0.5 mL single-dose autoinjector syringe (54436-250-02) • 50 mg/0.5 mL single-dose autoinjector syringe, box of 4 (54436-250-04) • 75 mg/0.5 mL single-dose autoinjector syringe (54436-275-02) • 75 mg/0.5 mL single-dose autoinjector syringe, box of 4 (54436-275-04)	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) solution in a single-dose pre-filled pen	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 138-01) ACTPen® autoinjector	A patient may self-inject Actemra or the patient's caregiver may administer Actemra.
tralokinumab-ldrm (Adbry)	C9399 J3490 J3590	Unclassified drugs or biologicals	150 mg/mL single-dose prefilled syringes, two boxes containing 4 syringes (50222-0346-04) 150 mg/mL single-dose prefilled syringes, one box with 2 syringes (50222-0346-02)	See the detailed "Instructions for Use" that comes with Adbry for information on how to prepare and inject Adbry.
ustekinumab (Stelara), subcutaneous	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.
Vedolizumab (Entyvio), subcutaneous	J3380	Injection, vedolizumab, 1 mg	108 mg/0.68 single-dose prefilled syringe NDC 64764-107-11 108 mg/0.68 single-dose prefilled pen NDC 64764-108-21	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, 0.56 mg, or 1.2 mg lyophilized powder in a single-dose vial	Caregivers may inject Voxzogo subcutaneously after proper training.

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

Policy Update

Date of Last Annual Review: 8/30/2023
Date of last revision: 4/03/2024
Changes from previous policy version:

- Methotrexate: HCPCS effective 4/1/2024 and after: J9260 per 50 mg
- Somatropin - Prior to 6/1/2024, the indications of Noonan syndrome, Rader-Willi Syndrome, and Turner Syndrome will not require prior approval when certain parameters are met. Starting 6/1/2024, these indications will require prior approval.

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