

Drugs that are not covered because they are usually self-administered.

As stated in our November 21, 2002 article regarding Self-Administered Drug Exclusions, CareFirst of Maryland, Inc. has made the decision to follow the determinations made by the local carrier, TrailBlazer Health Enterprises, in order to provide consistency for the provider community.

To create a list of all self-administered drugs would be prohibitive due to the exhaustive number of medications that would require listing. This list merely represents the most frequently questioned self-administered drugs.

Drug	HCPC	Rationale for Determination	Effective Date
Adalimumab*	J0135	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	04/29/05
Alprostadil, Inj.	J0270	Apparent on it's face; intracavernosal injection by patient on an as-needed basis up to three times per week.	01/06/03
Anakinra* (Kinere)	J3490	Apparent on it's face; subcutaneous injection daily for a prolonged period of time.	04/29/05
Apomorphine* Hydrochloride (Apokyn)	J3490	Apparent on it's face; subcutaneous injection for acute, intermittent treatment.	04/29/05
Calcitonin-salmon	J0630	Apparent on it's face; subcutaneous administration by the patient daily or every other day for more than two weeks.	01/06/03
Etanercept	J1438	Apparent on it's face; subcutaneous administration by the patient twice weekly for more than two weeks.	01/06/03
Glatiramer acetate (Copaxone)	J1595	Apparent on it's face; subcutaneous injection daily for a prolonged period of time.	03/04/04
Insulin	J1815	Apparent on it's face; subcutaneous administration by the patient daily for more than two weeks.	02/25/03
Insulin	J1817	Apparent on it's face; subcutaneous administration by the patient daily for more than two weeks.	01/06/03
Interferon Alfacon-1	J9212	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	05/30/02
Interferon beta-1a	Q3026	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	05/30/03

Interferon beta-1b	J1830	Apparent on it's face; subcutaneous administration by the patient every other day for more than two weeks.	01/06/03
Interferon gamma-1B	J9216	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	05/30/03
Leuprolide acetate (per 1 mg.)	J9218	Apparent on it's face; subcutaneous administration by the patient several times each week for more than two weeks.	01/06/03
Octreotide (short-acting subcutaneous dose)	J2354	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	03/04/04
Pegylated Interferon alfa-2a*	J3490	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	04/29/05
Pegylated Interferon alfa-2b*	J3490	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	04/29/05
Somatrem, Somatropin (Human Growth Hormone)	J2940 J2941	Apparent on it's face; subcutaneous administration by the patient several times each week for more than two weeks.	01/06/03
Sumatriptan succinate	J3030	Apparent on it's face; subcutaneous administration by the patient more than once daily on an as-needed basis for more than two weeks.	01/06/03
Teriparatide*	J3110	Apparent on it's face; subcutaneous injection frequently for a prolonged period of time.	04/29/05
Warfarin sodium* (Coumadin)	J3490	Apparent on it's face; rarely given IV when oral not tolerated.	04/29/05

*Additions to the list.

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