

Self-Administered Medications

Policy Number: CS2026D0073G
Effective Date: April 1, 2026

[➔ Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	2
Background	2
References	2
Policy History/Revision Information	2
Instructions for Use	2

Related Community Plan Policies
<ul style="list-style-type: none"> Hereditary Angioedema (HAE), Treatment and Prophylaxis Ilumya® (Tildrakizumab-Asmn) Repository Corticotropin Injections Respiratory Interleukins (Cinqair®, Fasentra®, & Nucala®) Skyrizi® (Risankizumab-Rzaa) Tezspire® (Tezepelumab-Ekko) Ustekinumab Xolair® (Omalizumab)
Commercial Policy
<ul style="list-style-type: none"> Self-Administered Medications
Related List
<ul style="list-style-type: none"> Self-Administered Medications List

Application

This Medical Benefit Drug Policy does not apply to the states listed below; refer to the state-specific policy/guideline, if noted:

State	Policy/Guideline
Kansas	None
North Carolina	None
Ohio	Self-Administered Medications (for Ohio Only)

Coverage Rationale

Self-administered medications are not reimbursed on medical benefit plans.

Medications will be considered 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**
- 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.

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.; 2017. Available at: <http://www.goldstandard.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
04/01/2026	<p>Application</p> <p>Indiana</p> <ul style="list-style-type: none"> • Removed language indicating this Medical Benefit Drug Policy does not apply to the state of Indiana <p>Louisiana</p> <ul style="list-style-type: none"> • Removed content/language pertaining to the state of Louisiana <p>Supporting Information</p> <ul style="list-style-type: none"> • Archived previous policy versions CS2025D0073F and CSIND0073.03

Instructions for Use

This Medical Benefit Drug Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, check the federal, state or contractual requirements for benefit plan coverage. 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.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. The 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.