UnitedHealthcare®

Reimbursement Policy

Self Administered Drug(s)

Policy Number	SAD05152011SC	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	11/20/2013

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general resource regarding UnitedHealthcare's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee's benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

Table of Contents

Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network

physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

Summary

Overview

The Centers for Medicare and Medicaid Services (CMS) publishes guidelines instructing contractors to develop a process to determine whether a drug or biological is usually self-administered and **excluded** from payment. Medicare provides only limited benefits for outpatient prescription drugs. The program covers drugs that are furnished "incident to" a physician's service provided that the drugs are not usually administered by the patients who take them. Generally, drugs and biologicals are covered only if all of the following requirements are met:

- They meet the definition of drugs or biologicals
- They are of the type that are not usually self-administered
- They meet all the general requirements for coverage of items as incident to a physician's service
- They are reasonable and necessary for the diagnosis or treatment of the illness or injury for which they are administering according to accepted standards of medical practice
- They are not excluded as Noncovered immunizations
- They have not been determined by the FDA to be less than effective

Medicare Part B generally does not cover drugs that can be self-administered, such as those in pill form, or are used for self-injection. However, the statute provides for the coverage of some self-administered drugs. Examples of self-administered drugs that are covered include blood-clotting factors, drugs used in immunosuppressive therapy, erythropoietin for dialysis patients, osteoporosis drugs for certain homebound patients, and certain oral cancer drugs.

Reimbursement Guidelines

We are instructed to follow the instructions below when applying the exclusion for drugs that are usually self-administered by the patient. Each individual contractor must make its own individual determination on each drug. Contractors must continue to apply the policy that not only the drug is medically reasonable and necessary for any individual claim, but also that the route of administration is medically reasonable and necessary. If a drug is available in both oral and injectable form, the injectable form of the drug must be medically reasonable and necessary as compared to using the oral form.

For certain injectable drugs, it is apparent that due to the nature of the condition(s) for which they are self-administered or the usual course of treatment for those conditions, they are, or are **NOT**, usually self-administered. For example, an injectable drug used to treat migraine headaches is usually self-administered. For these drugs, the rationale for the determination is "apparent on its face value."

The following factors are considered when making decisions regarding the "self-administered" status of a drug when data is not available.

Route of Administration:

- Drugs delivered intravenously are presumed to be **NOT** usually self-administered

- Drugs injected intramuscularly are presumed to be NOT usually self-administered, although depth and nature of the drug may be considered
- Drugs delivered subcutaneously are considered to be usually self-administered
- Drugs delivered by other routes of administration such as oral, suppositories, and topical medications are all considered to be usually self-administered

Status of Condition:

- **Acute:** Any condition that the expected course of treatment is less than two weeks
- **Chronic**: Any condition that requires treatment for more than two weeks

Frequency of Administration:

- Infrequent injection: Drug given less than once a week
- Frequent injection: Drug given once or more times per week

The term "administered" refers only to the physical process by which the drug enters the patient's body. It does not refer to whether the process is supervised by a medical professional (for example, to observe proper technique or side-effects of the drug). Injectable (including intravenous) drugs are typically eligible for inclusion under the "incident to" benefit. With limited exceptions, other routes of administration including, but not limited to, oral drugs, suppositories, topical medications are all considered to be usually self-administered by the patient.

For the purpose of applying this exclusion, the term "usually" means more than 50% of the time for all Medicare beneficiaries who use the drug. Therefore, if a drug is self-administered by more than 50% of Medicare beneficiaries, the drug is excluded from coverage and the contractor may not make any Medicare payment for it.

In arriving at a single determination as to whether a drug is usually self-administered, contractors should make a separate determination for each indication for a drug as to whether that drug is usually self-administered. **CONTRACTORS MAY NO LONGER PAY FOR ANY DRUG WHEN IT IS ADMINISTERED ON AN OUTPATIENT EMERGENCY BASIS, IF THE DRUG IS EXCLUDED BECAUSE IT IS USUALLY SELF-ADMINSTERED BY THE PATIENT**.

Contractors are only required to consider the following types of evidence:

- Peer reviewed medical literature
- Standards of medical practice
- Evidence-based practice guidelines
- FDA approved label
- Package inserts
- Drug compendia references
- Self-administration utilization statistics

Contractors may also consider other evidence submitted by interested individuals or groups subject to their judgment.

Self-Administered Drug Process Flow

The process steps to determine whether a drug is self-administered are as follows:

- Determine if the drug is produced in parenteral form
- Determine the route of administration – if only administered IV, the drug is covered
- Determine if the route of administration is IM or SQ, and if the drug is administered in the outpatient setting, list the clinical indications and determine the percent of utilization by clinical indication
- Review claims data and check a variety of sources/factors to arrive at the preliminary recommendation:
  - Acute/chronic setting
  - Clinical indication
  - FDA/drug package inserts
  - Provider specialty
  - Estimate the % self-administered (greater than or less than 50%) by indication

Self Administered Drug(s)

Assess all information to determine whether the drug is covered under the benefit category and notify providers.

CPT / HCPCS Codes

HCPCS Code	HCPCS Descriptor	HCPCS Brand Name	Exclusion Effective Date	Exclusion End Date	Comments
C9399	Unclassified Drugs Or Biologicals	Tesamorelin (Egrifta™)	06/04/2011		
C9399	Unclassified Drugs Or Biologicals	Anakinra [Kineret™] 100 MG	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Exenatide Extended Release For Injectable Suspension [Bydureon™]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Exenatide Injection [Byetta®]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Golimimab [Simponi&Reg]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Icatibant [Firazyr®]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Liraglutide [Victoza&Reg]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Peginterferon Alfa-2b [Sylatrom™]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Peginterferon Alpha-2a [Pegasys®]	07/01/2013		
C9399	Unclassified Drugs Or Biologicals	Signifor® (Pasireotide)	07/01/2013		
C9399 (See **Code J2212** Effective 01/01/2013)	Unclassified Drugs Or Biologicals	Methylnatrexone Bromide (Relistor®)	04/20/2009	12/31/2012	Apparent on its face. Subcutaneous injection several times per week for a prolonged period of time.
J0135	Injection, Adalimumab, 20 MG	Humira™	07/11/2008		Frequent, subcutaneous injection for chronic conditions (weekly or every other week)

Self Administered Drug(s)

J0270	Injection, Alprostadil, 1.25 MCG	Alprostadil® Caverject® Edex® Prostin Vr Pediatric®	07/01/2013		This code may be used for Medicare when the drug is administered under the direct supervision of a physician, not to be used when the drug is self-administered
J0275	Alprostadil Urethral Suppository	Muse®	07/01/2013		This code may be used for Medicare when the drug is administered under the direct supervision of a physician, not to be used when the drug is self-administered
J0364	Injection, Apomorphine Hydrochloride, 1 MG	Apokyn®	07/01/2013		
J0630	Injection, Calcitonin Salmon, Up To 400 Units	Miacalcin, Calcimar, Fortical, Osteocalcin®, Salmonine®	07/11/2008		Frequent, subcutaneous injection for chronic condition (daily or every other day)
J0718	Injection, Certolizuman Pegol, 1 MG	Cimzia	04/01/2011	01/01/2012	Subcutaneous injection for chronic condition (monthly)
J0800	Injection, Corticotropin, Up To 40 Units	H.P. Acthar® Gel	11/20/2013		
J0945	Injection, Brompheniramine Maleate, Per 10 MG	Brompheniramine Maleate 10 MG	07/01/2013		
J1324	Injection, Enfuvirtide, 1 MG	Fuzeon®	01/01/2007		Subcutaneous injection twice daily
J1438	Injection, Etanercept, 25 MG	Enbrel®	07/11/2008		Frequent, subcutaneous injection for chronic condition (twice/week) This code may be used for Medicare when the drug is administered under the direct supervision of a physician, not to be used when the drug is self-administered.

Self Administered Drug(s)

J1559	Injection, Immune Globulin, 100 MG	Hizentra	06/01/2011	12/31/2010	Apparent on its face (Removed from SAD list effective 12/31/2010 due to SQ admin with a pump administration technique)
J1562	Injection, Immune Globulin (Vivaglobin), 100 MG	Vivaglobin	01/01/2007	12/31/2010	Apparent on its face (Removed from SAD list effective 12/31/2010 due to SQ admin with a pump administration technique)
J1595	Injection, Glatiramer Acetate, 20 MG	Copaxone	07/11/2008		Frequent, subcutaneous injection for chronic condition (daily)
J1675	Injection, Histrelin Acetate, 10 MCG	Supprelin	01/01/2006		Subcutaneous injection daily
J1744	Injection, Icatibant, 1 MG	Icatibant [Firazyr®]	07/01/2013		
J1815	Injection, Insulin, Per 5 Units	Regular, Nph, Lente, Ultralente, Humalog, Humilin, Iletin, Insulin Lispo, Novo Nordisk, Pork Insulin, Ultralente, Velosulin, Humulin R, Iletin Ii, Insulin Purified Pork, Relion, Lente Iletin I, Novolin R, Humulin R U-500	07/11/2008		Frequent, subcutaneous injection for chronic condition (daily, once or more)
J1830	Injection Interferon Beta-1b, 0.25 MG	Betaseron® Actimmune	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times/week) This code may be used for Medicare when the drug is administered under the direct supervision of a physician, not to be used when the drug is self-administered.

Self Administered Drug(s)					
J2170	Injection, Mecasermin, 1 MG	Increlex® Iplex™	01/01/2007		Subcutaneous injection twice daily
J2212	Injection, Methylnaltrexone, 0.1 MG	Relistor®	01/01/2013		
J2354	Injection, Octreotide, Non-Depot Form For Subcutaneous Or Intravenous Injection, 25 MCG	Sandostatin®	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times per day)
J2440	Injection, Papaverine Hcl, Up To 60 MG	Papaverine	03/15/2003		Apparent on its face
J2760	Injection, Phentolamine Mesylate, Up To 5 MG	Regitine®	12/01/2002		
J2940	Injection, Somatrem, 1 MG	Protopin® Genotropin® Humatrope® Norditropin® Nutropin® Saizen® Serostim® Genotropin-Nutropin® Biotropin Genotropin® Genotropin-Miniquick® Nutropin Aq® Omnitrope® Saizen Somatropin Rdna Origin® Serostim Rdna Origin Zorbtive®	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times/week)

Self Administered Drug(s)

J2941	Injection, Somatropin, 1 MG	Genotropin-Nutropin® Humatrope® Norditropin® Nutropin® Genotropin® Saizen® Serostim® Biotropin® Genotropin-Miniquick® Nutropin Aq® Omnitrope® Saizen Somatropin Rdna Origin® Serostim Rdna Origin Zorbtive®	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times/week)
J3030	Injection, Sumatriptan Succinate, 6 MG	Imitrex®	07/11/2008		Subcutaneous injection by patient for chronic condition at onset of symptoms, up to twice/24 hours This code may be used for Medicare when the drug is administered under the direct supervision of a physician, not to be used when the drug is self-administered.
J3110	Injection, Teriparatide, 10 MCG	Forteo®	07/11/2008		Frequent, subcutaneous injection for chronic condition (daily)
J3355	Injection, Urofollitropin, 75 Iu	Fertinex®, Metrodin® Fertinex® Follistim® Gonal-F® Bravelle®	01/01/2006		Subcutaneous injection or intramuscular injection once a day for seven or more days
J3357	Injection, Ustekinumab, 1 MG	Stelara™	11/20/2013		Ustekinumab is administered by subcutaneous administration.

Self Administered Drug(s)

J3490	Unclassified Drugs	Humira	08/07/2004		Subcutaneous injection every other week for more than two weeks. Can be administered every week.
J3490	Unclassified Drugs	Kineret (Anakinra)	07/11/2008		Frequent, subcutaneous injection for chronic condition (daily)
J3490	Unclassified Drugs	Peginterferon Alfa 2-B, Peg-Intron, Pegylated Interferon Alfa 2-B	03/15/2003		Subcutaneous injection once per week for more than two weeks
J3490	Unclassified Drugs	Warfarin Sodium, Coumadin®	03/01/2008		Apparent on its face; rarely given IV when oral not tolerated.
J3490	Unclassified Drugs	Nitroglycerin Lingual Spray	05/15/2003		Apparent on its face
J3490	Unclassified Drugs	Enfuviritide (Fuzeon ®) 108 MG	11/26/2004		Apparent on its face. Subcutaneous injection two times per day over a prolonged period of time for a chronic condition.
J3490	Unclassified Drugs	Trimix; Alprostadil, Papaverine And Phentolamine.	08/15/2010		Compound drug; usually self-administered by patient on an “as needed” basis.
J3490	Unclassified Drugs	Byetta (Exenatide)	01/01/2007		Subcutaneous injection twice a day within 60 minutes before the morning and evening meals
J3490	Unclassified Drugs	Pegasys (Peginterferon Alfa 2-A	01/01/2007		Subcutaneous injection once per week from 24-48 weeks
J3490	Becaplerim		04/27/2006		Non-autologous growth factor for chronic, non-healing SQ wounds – nationally non-covered

Self Administered Drug(s)

J3490	Unclassified Drugs	Symlin (Pramlintide Acetate)	01/01/2007		Subcutaneous injection administered immediately prior to each major meal
J3490	Unclassified Drugs	Golimimab (Simponi®)	05/01/2010		Apparent on its face. Subcutaneous injection monthly for a chronic condition.
J3490	Unclassified Drugs	Tesmorelin, Egrifta®	07/01/2013		
J3490	Unclassified Drugs	Exenatide Extended Release For Injectable Suspension [Bydureon(™)]	07/01/2013		
J3490	Unclassified Drugs	Mipomersen Sodium, Kynamro®	07/01/2013		
J3490	Unclassified Drugs	Somavert ® (Pegvisomant For Injection)	07/01/2013		
J3490	Unclassified Drugs	Liraglutide-Glp-1 Agonist Dm (Victoza)	07/01/2013		
J3490	Unclassified Drugs	H.P Acthar Gel Tm	11/20/2013		
J3490	Unclassified Drugs	Signifor® (Pasireotide)	07/01/2013		
J3490 (See Code J2212 Effective 01/01/2013)	Unclassified Drugs	Methylnal Trexone Bromide (Relistor)	05/01/2008	12/31/2012	Subcutaneous every other day
J3590	Unclassified Biologics	Liraglutide (Victoza®)	05/01/2010		Apparent on its face. Subcutaneous injection daily for a chronic condition.
J3590	Unclassified Biologics	Efalizumab, Raptiva	07/16/2007		Subcutaneous injection administered by patient for more than two weeks
J3590	Unclassified Biologics	Pegvisomant, Somavert®	07/16/2007		Subcutaneous injections administered by patient for more than two weeks
J3590	Unclassified Biologics	Signifor® (Pasireotide)	07/01/2013		

Self Administered Drug(s)					
J3590	Unclassified Biologics	Exenatide Extended Release For Injectable Suspension [Bydureon(™)]	07/01/2013		
J3590	Unclassified Biologics	Abatacept, Orencia®	11/20/2013		
J3590	Unclassified Biologics	Pegylated Interferon Alfa-2a Pegasys®	07/01/2013		
J3590	Unclassified Biologics	Pegylated Interferon Alfa-2b Pegintron® Sylatron	07/01/2013		
J3590	Unclassified Biologics	Simponi®, Simponi® Aria™ (Injection, Golimumab)	07/01/2013		
J3590	Unclassified Biologics	Kineret	07/01/2013		
J3590	Unclassified Biologics	Exenatide, (Byetta)	07/01/2013		
J9212	Injection, Interferon Alfacon-1, Recombinant, 1 MCG	Infergen	03/15/2003		Subcutaneous injection twice weekly for more than 2 weeks
J9213	Injection, Interferon, Alfa-2a, Recombinant, 3 Million Units	Roferon-A	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times/week)
J9216	Injection, Interferon, Gamma 1-B, 3 Million Units	Actimmune	07/11/2008		Frequent, subcutaneous injection for chronic conditions (several times/week)
J9218	Leuprolide Acetate, Per 1 MG	Lupron, Eligard	03/15/2003		Dose form for subcutaneous injection daily for more than 2 weeks
Q0515	Injection, Sermorelin Acetate, 1 MCG	Geref	01/01/2006		Subcutaneous injection once daily for greater than three weeks
Q3025	Injection, Interferon Beta-1a, 11 MCG For Intramuscular Use	Rebif®, Avonex®	07/01/2013		

Self Administered Drug(s)

Q3026	Injection, Interferon Beta-1a, 11 MCG For Subcutaneous Use	Interferon Beta 1a, 11 MCG Ribef ® (Formerly J3490)	06/30/2003		Apparent on its face. Subcutaneous injection three times per week for a chronic condition.
90284	Immune Globulin (Scig), Human, For Use In Subcutaneous Infusions, 100 MG, Each	Immune Globulin (Scig)	05/04/2009		Apparent on its face. SC injection administered weekly by patient for a chronic condition.

Questions and Answers

1	Q:	What if a beneficiary wants to appeal the denial of a self-administered drug?
	A:	If a beneficiary's claim for a particular drug is denied because the drug is subject to the "self-administered drug" exclusion, the beneficiary may appeal the denial. Because it is a "benefit category" denial and not a denial based on medical necessity, an advance notification of denial is not required. A "benefit category" denial (i.e., a denial based on the fact that there is no benefit category under which the drug may be covered) does not trigger the financial liability protection provisions of Limitation On Liability (under §1879 of the Act). Therefore, physicians or providers may charge the beneficiary for an excluded drug.
2	Q:	How often will M&R review the list of self-administered drugs?
	A:	CMS expects that review of injectable drugs will be performed on a rolling basis and no less frequently than annually.
3	Q:	What does "incident to" mean?
	A:	In order to meet all the general requirements for coverage under the incident-to provision, an FDA approved drug or biological must: • Be of a form that is not usually self-administered • Must be furnished by a physician • Must be administered by a physician, or by auxiliary personnel employed by the physician and under the physician's personal supervision • The charge must be included in the Physician's bill AND The cost of the drug or biological must represent an expense to the physician

References Included (but not limited to):

CMS Article(s)

Numerous Articles

CMS Benefit Policy Manual

Chapter 15; § 50.2, Determining Self-Administration of Drug or Biological

CMS Claims Processing Manual

Chapter 17; § 80.5 Self-Administered Drugs

UnitedHealthcare Medicare Advantage Coverage Summaries

Alcohol, Chemical and/or Substance Abuse Detoxification and Rehabilitation

Blood, Blood Products and Related Procedures and Drugs

Chemotherapy, and Associated Drugs and Treatments

Diabetes Management, Equipment and Supplies

Durable Medical Equipment (DME), Prosthetics, Corrective Appliances/Orthotics (Non-Foot Orthotics) and Medical Supplies Grid

Home Health Services and Home Health Visits

Infusion Pump Therapy

Self Administered Drug(s)

Medications/Drugs (Outpatient/Part B)
Mental Health Services and Procedures
Preventive Health Services and Procedures
Skin Treatment, Services and Procedures

UnitedHealthcare Reimbursement Policies

Anti-Cancer Chemotherapy for Colorectal Cancer (NCD 110.17)
Anti-Inhibitor Coagulant Complex (AICC) (NCD 110.3)
Avastin (Bevacizumab)
Camptosar (Irinotecan)
Coverage of Drugs and Biologicals for Label and Off-Label Uses
Diagnosis and Treatment of Impotence (NCD 230.4)
Discarded Drugs and Biologicals
Eloxatin (Oxaliplatin)
Erbitux (Cetuximab)
Eylea (Aflibercept)
Halaven (Eribulin Mesylate)
Hemophilia Clotting Factors
Home Health Visit to a Blind Diabetic (NCD 290.1)
Home PT/INR Monitoring for Anticoagulation Therapy (NCD 190.11)
Hyperbaric Oxygen Therapy (NCD 20.29)
Infusion Pumps (NCD 280.14)
Insulin Syringe (NCD 40.4)
Interferon
Intravenous Immune Globulin (IVIg)
Intravenous Immune Globulin for the Treatment of Mucocutaneous Blistering Diseases (NCD 250.3)
Jevtana (Cabazitaxel)
Lucentis (Ranibizumab)
Macugen (Pegaptanib)
Mobility Devices (Non-Ambulatory) and Accessories
Nesiritide for Treatment of Heart Failure Patients (NCD 200.1)
Plethysmography (NCD 20.14)
Stem Cell Transplantation (NCD 110.8.1)
Vaccination (Immunization)
Withdrawal Treatments for Narcotic Addictions (NCD 130.7)
Xgeva, Prolia (Denosumab)

MLN Matters

Article MM6950, Medicare Benefits Policy Manual Update – Determining Self-Administration of Drug or Biological

Others

Billing for Self-Administered Drugs Given in Outpatient Settings Fact Sheet, CMS Website
Diabetes-Related Services Fact Sheet, CMS Website
Social Security Act:

- 1861(s)(2)(A), Medical and Other Health Service
- 1861(s)(2)(B), Medical and Other Health Services

Self Administered Drug(s)

History	
Date	**Revisions**
01/08/2014	Recommendation is to not include the J3140 drug to our SAD list because: 1) The drug is only administered IM 2) Testosterone Propionate Injection (all strengths) have been discontinued (no longer marketed in the US) per the FDA website
12/18/2013	• Recommendation is to not include the J3150 drug to our SAD list because: 1) The drug is only administered IM 2) Testosterone Propionate Injection (all strengths) have been discontinued (no longer marketed in the US) per the FDA website • MPRC asked to also have J3140 evaluated to advise on the other testosterone injection that currently resides on the SAD list
11/20/2013	Re-review presented to MRPC for approval
02/09/2012	Administrative updates
11/16/2011	Administrative updates
09/01/2011	Removed J1559 & J1562 from the SAD list due to the additional approved SQ infusion technique when administered with a pump
05/26/2011	Removed J1817 from the SAD list – this is a Part B benefit since the Insulin is administered through a pump – see http://www.cms.gov/MLNProducts/downloads/DiabetesSvcs.pdf
04/13/2011	Policy developed and published with effective date of 05/15/2011

