

Self-Administered Medications List

Last Updated: January 1, 2025

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Applicable Codes

This Self-Administered Medication List identifies medications that are usually self-administered and excluded from payment under a standard medical benefit plan. See the Medical Benefit Drug Policy titled [Self-Administered Medications](#) for additional details. Any applicable clinician administered dosage formulations (e.g., intravenous infusion) of the drugs listed below may be covered under the medical benefit.

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Chronically used drugs delivered by other routes of administration such as oral, suppositories, and topical medications are all considered to be usually self-administered	Unclassified drugs or biologicals	C9399 J3490 J3590
Any non-chemotherapeutic/transplant medication with the ability for the patient to self-administer for chronic use	Prescription drug, oral, non-chemotherapeutic, not otherwise specified	J8499
Abrilada (adalimumab-afzb)	Injection, adalimumab-afzb (Abrilada), biosimilar, 1 mg	Q5145
Actemra (tocilizumab) subcutaneous	Unclassified biologics	J3590
Acthar Gel (corticotropin)	Injection, corticotropin (Acthar gel), up to 40 units	J0801
Actimmune (interferon gamma-1b)	Injection, interferon, gamma 1-b, 3 million units	J9216
Adbry (tralokinumab-ldrm)	Unclassified drugs or biologicals	C9399 J3590
Aimovig (erenumab)	Unclassified drugs or biologicals	C9399 J3590
Ajovy (fremanezumab-vfrm)	Injection, fremanezumab-vfrm, 1 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)	J3031
Amjevita (adalimumab-atto)	Unclassified drugs or biologicals	C9399 J3590
Apokyn (apomorphine)	Injection, apomorphine hydrochloride, 1 mg (after first dose under medical supervision)	J0364
Arcalyst (rilonacept)	Injection, rilonacept, 1 mg	J2793
Arikayce (amikacin)	Prescription drug, oral, non-chemotherapeutic, Not Otherwise Specified	J8499
Arixtra (fondaparinux)	Injection, fondaparinux sodium, 0.5 mg	J1652

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Avonex , Avonex Pen (interferon beta-1a)	Injection, interferon beta-1a, 30 mcg Injection, interferon beta-1a, 1 mcg for intramuscular use	J1826 Q3027
Benlysta (belimumab) subcutaneous	Unclassified drugs or biologicals	C9399 J3590
Besremi (ropeginterferon alfa-2b-njft)	Unclassified drugs or biologicals	C9399 J3590
Betaseron (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830
Bethkis (tobramycin inhalation)	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams	J7682
Bimzelx (bimekizumab-bkzx)	Unclassified drugs or biologicals	C9399 J3590
Brovana (aformoterol)	Arformoterol, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 15 micrograms	J7605
Bydureon (exenatide)	Unclassified drugs or biologicals	C9399 J3490
Byetta (exenatide)	Unclassified drugs or biologicals	J3490
Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy	Injection, caplacizumab-yhdp, 1 mg Unclassified biologics	C9047 J3590
Cayston (aztreonam lysine)	NOC drugs, inhalation solution administered through DME	J7699
Copaxone , Glatopa, glatiramer (glatiramer acetate)	Injection, glatiramer acetate, 20 mg	J1595
Cosentyx (secukinumab)	Unclassified drugs or biologicals	C9399 J3590
Cyltezo (adalimumab-adbm)	Injection, adalimumab-adbm, biosimilar, 1 mg	Q5143
Dupixent (dupilumab)	Unclassified drugs or biologicals	C9399 J3590
Egrifta (tesamorelin Acetate)	Unclassified drugs or biologicals	C9399 J3590
Emgality (galcanezumab-gnlm)	Unclassified drugs or biologicals	C9399 J3590
Empaveli (pegcetacoplan)	Unclassified drugs or biologicals	C9399 J3490
Enbrel (etanercept)	Injection, etanercept, 25 mg	J1438
Enspryng (satralizumab-mwge)	Unclassified drugs or biologicals	C9399 J3590
Entyvio (vedolizumab) <ul style="list-style-type: none"> 108 mg/0.68 mL single-dose prefilled syringe 108 mg/0.68 mL single-dose prefilled pen 	Unclassified drugs or biologicals	C9399 J3590
Erelzi (etanercept-szzs)	Unclassified drugs or biologicals	C9399 J3590
Eticovo (etanercept-ykro)	Unclassified drugs or biologicals	C9399 J3590
Extavia (interferon beta-1b)	Injection, interferon beta-1b, 0.25 mg	J1830

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Fasenra (benralizumab) autoinjector labeled for self-administration	Injection, benralizumab, 1 mg	J0517
Firazyr (icatibant)	Injection, icatibant, 1 mg	J1744
Follistim AQ (follitropin beta)	Injection, follitropin beta, 75 IU Unclassified biologics	S0128 J3590
Forteo (teriparatide), Teriparatide	Injection, teriparatide, 10 mcg	J3110
Fragmin (dalteparin sodium)	Injection, dalteparin sodium, per 2,500 IU	J1645
Furoscix (furosemide)	Injection, furosemide (furoscix), 20 mg	J1941
Fuzeon (enfuvirtide)	Injection, enfuvirtide, 1 mg	J1324
Ganirelix acetate	Injection, ganirelix acetate, 250 mcg	S0132 J3490
Gattex (teduglutide)	Unclassified drugs or biologics	C9399 J3490
Gonal-f (all formulations) (follitropin alfa)	Injection, follitropin alfa, 75 IU Unclassified biologics	S0126 J3590
Hadlima (adalimumab-bwwd)	Unclassified drugs or biologics	C9399 J3590
Haegarda (c-1 esterase inhibitor)	Injection, c-1 esterase inhibitor (human), Haegarda, 10 units	J0599
Hulio (adalimumab-fkjp)	Injection, adalimumab-fkjp, biosimilar, 1 mg	Q5140
Humatrope, Genotropin, Norditropin, Nutropin, Omnitrope, Saizen, Serostim, Zomacton (somatropin)	Injection, somatropin, 1 mg	J2941
Humira (adalimumab)	Injection, adalimumab, 1 mg	J0139
Hyrimoz (adalimumab-adaz)	Unclassified drugs or biologics	C9399 J3590
Idacio (adalimumab-aacf)	Injection, adalimumab-aacf (Idacio), biosimilar, 1 mg	Q5144
Ilumya (tildrakizumab)	Injection, tildrakizumab, 1 mg	J3245
Imcivree (setmelanotide)	Unclassified drugs or biologics	C9399 J3490
Imitrex (sumatriptan succinate)	Injection, sumatriptan succinate, 6 mg	J3030
Increlex , Iplex (mecasermin)	Injection, mecasermin, 1 mg	J2170
Kesimpta (ofatumumab)	Unclassified drugs or biologics	C9399 J3590
Kevzara (sarilumab)	Unclassified drugs or biologics	C9399 J3590
Kineret (anakinra)	Unclassified biologics	J3590
Lantus (insulin glargine)	Injection, insulin, per 5 units Insulin, long acting; 5 units	J1815 S5553
Lantus SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 S5571
Leuprolide acetate	Leuprolide acetate, per 1 mg	J9218
Levemir (insulin detemir)	Injection, insulin, per 5 units Insulin, long acting; 5 units	J1815 S5553
Levemir FlexTouch (insulin detemir)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 S5571

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Lovenox (enoxaparin sodium)	Injection, enoxaparin sodium, 10 mg	J1650
Menopur (menotropins)	Injection, menotropins, 75 iu Unclassified biologics	S0122 J3590
Mounjaro (tirzepatide)	Unclassified drugs or biologicals	C9399 J3490
Myalept (metreleptin)	Unclassified drugs or biologicals	C9399 J3590
Natpara (parathyroid hormone)	Unclassified drugs or biologicals	C9399 J3590
Nucala (mepolizumab) autoinjector, prefilled syringe labeled for self-administration	Injection, mepolizumab, 1 mg	J2182
Ohtuvayre (ensifentrine)	Ensifentrine, inhalation suspension, FDA-approved final product, noncompounded, administered through DME, unit dose form, 3 mg	J7601
OmvoH (mirikizumab-mrkz) (subcutaneous)	Injection, mirikizumab-mrkz, 1 mg	J2267
Opfolda (miglustat)	Miglustat, oral, 65 mg	J1202
Orencia (abatacept) (subcutaneous)	Injection, abatacept, 10 mg	J0129
Otrexup, Rasuvo, RediTrex (Methotrexate - Solution Auto-injector)	Unclassified drugs or biologicals	C9399 J3590
Ovidrel (choriogonadotropin alpha)	Unclassified biologics	J3590
Ozempic (semaglutide)	Unclassified drugs or biologicals	C9399 J3490
Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp]	Unclassified drugs or biologicals	C9399 J3490
Palynziq (pegvaliase)	Unclassified drugs or biologicals	C9399 J3590
Pegasys (interferon alfa-2a, pegylated)	Injection, pegylated interferon alfa-2a, 180 mcg per ml Unclassified biologics	S0145 J3590
Pegintron (Peginterferon Alfa-2b)	Injection, pegylated interferon alfa-2b, 10 mcg Unclassified biologics	S0148 J3590
Perforomist (formoterol fumarate)	Formoterol fumarate, inhalation solution, FDA approved final product, non-compounded, administered through DME, unit dose form, 20 micrograms	J7606
Plegridy (Peginterferon beta-1a)	Unclassified drugs or biologicals	C9399 J3590
Praluent (alirocumab)	Unclassified drugs or biologicals	C9399 J3590
Pregnyl, Novarel (chorionic gonadotropin)	Injection, chorionic gonadotropin, per 1,000 USP units	J0725
Pulmozyme (dornase alfa)	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram	J7639
Purified Cortrophin Gel (corticotropin)	Injection, corticotropin (ANI), up to 40 units	J0802
Pyzchiva (ustekinumab-ttwe)	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg	Q9996

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Rebif (Interferon beta-1a)	Injection, interferon beta-1a, 1 mcg for subcutaneous use	Q3028
Relistor (methylnaltrexone)	Injection, methylnaltrexone, 0.1 mg	J2212
Repatha (evolucumab)	Unclassified drugs or biologicals	C9399 J3590
Ruconest (c-1 esterase inhibitor, recombinant)	Injection, c-1 esterase inhibitor (recombinant), Ruconest, 10 units	J0596
Sandostatin (octreotide acetate) subcutaneous	Injection, octreotide, non-depot form for subcutaneous or intravenous injection, 25 mcg	J2354
Saxenda (liraglutide)	Unclassified drugs	J3490
Selarsdi (subcutaneous) (ustekinumab-aekn)	Injection, ustekinumab-aekn (Selarsdi), 1 mg	Q9998
Signifor (pasireotide)	Unclassified drugs or biologicals	C9399 J3490
Siliq (brodalumab)	Unclassified drugs or biologicals	C9399 J3590
Simlandi (adalimumab-ryvk)	Injection, adalimumab-ryvk biosimilar, 1 mg	Q5142
Simponi (golimumab)	Unclassified drugs or biologicals	C9399 J3590
Skyrizi (risankizumab-rzaa) <ul style="list-style-type: none"> 150 mg/mL single-dose prefilled pen 150 mg/mL single-dose prefilled syringe 75 mg/0.83 mL single-dose prefilled syringe 360 mg/2.4 mL (150 mg/mL) single-dose prefilled cartridge 	Unclassified drugs or biologicals	C9399 J3590
Soliqua (insulin glargine/lixisenatide)	Unclassified drugs or biologicals	C9399 J3590
Somavert (pegvisomant)	Unclassified drugs or biologicals	C9399 J3590
Stelara (ustekinumab)	Ustekinumab, for subcutaneous injection, 1 mg	J3357
Strensiq (asfotase alfa)	Unclassified drugs or biologicals	C9399 J3590
Sumatriptan succinate	Injection, sumatriptan, succinate, 6 mg	J3030
Symlin (pramlintide acetate)	Unclassified drugs	J3490
Synribo (omacetaxine mepesuccinate)	Injection, omacetaxine mepesuccinate, 0.01 mg	J9262
Takhzyro (lanadelumab-flyo)	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)	J0593
Taltz (ixekizumab)	Unclassified drugs or biologicals	C9399 J3590
Tegsedi (inotersen)	Unclassified drugs or biologicals	C9399 J3490
Tezspire (tezepelumab-ekko), prefilled syringe labeled for self-administration	Injection, tezepelumab-ekko, 1 mg	J2356
Toujeo Max SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 3 mL size	J1815 S5571

Medication/Brand Name	Description/Generic Name	HPCPCS Code(s)
Toujeo SoloStar (insulin glargine)	Injection, insulin, per 5 units Insulin delivery device, disposable pen (including insulin); 1.5 ml size	J1815 S5570
Tremfya (guselkumab) (subcutaneous)	Injection, guselkumab, 1 mg	J1628
Trulicity (dulaglutide)	Unclassified drugs or biologicals	C9399 J3490
Tymlos (abaloparatide)	Unclassified drugs or biologicals	C9399 J3490
Tyvaso (treprostinil)	Treprostinil, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, 1.74 mg	J3535
Ventavis (iloprost)	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms	Q4074
Victoza (liraglutide)	Unclassified drugs or biologicals	C9399 J3490
Vyleesi (bremelanotide)	Unclassified drugs or biologicals	J3490
Wainua (eplontersen)	Unclassified drugs or biologicals	C9399 J3590
Wegovy (semaglutide)	Unclassified drugs or biologicals	C9399 J3490
Wezlana (ustekinumab-auub)	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	Q5137
Winrevair (sotatercept)	Unclassified drugs or biologicals	C9399 J3490 J3590
Xolair (omalizumab), prefilled syringe labeled for self-administration	Injection, omalizumab, 5 mg	J2357
Xultophy (insulin degludec-liraglutide)	Unclassified drugs or biologicals	C9399 J3590
Xyosted (testosterone enanthate)	Unclassified drugs or biologicals	C9399 J3490
Yuflyma (adalimumab-aaty)	Injection, adalimumab-aaty, biosimilar, 1 mg	Q5141
Yupelri (revefenacin)	Revefenacin inhalation solution, FDA-approved final product, noncompounded, administered through DME, 1mcg	J7677
Yusimry (adalimumab-aqvh)	Unclassified drugs or biologicals	C9399 J3590
Zembrace (sumatriptan succinate)	Unclassified drugs or biologicals	C9399 J3490
Zepbound (tirzepatide)	Unclassified drugs or biologicals	C9399 J3490
Zilbrysq (zilucoplan)	Unclassified drugs or biologicals	C9399 J3590
Zymfentra (infliximab-dyyb)	Injection, infliximab-dyyb (Zymfentra), 10 mg	J1748

List History/Revision Information

Date	Summary of Changes
01/01/2025	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Ohtuvayre (ensifentrine) (HCPCS code J7601) Omvox (mirikizumab-mrkz) (subcutaneous) (HCPCS code J2267) Pyzchiva (ustekinumab-ttwe) (subcutaneous) (HCPCS code Q9996) Selarsdi (ustekinumab-aekn) (subcutaneous) (HCPCS code Q9998) Updated list of applicable HCPCS codes to reflect annual edits for: <ul style="list-style-type: none"> Abrilada (adalimumab-afzb): <ul style="list-style-type: none"> Added Q5145 Removed Q5132 Cyltezo (adalimumab-adbm); replaced C9399 and J3590 with Q5143 Hulio (adalimumab-fkjp); replaced C9399 and J3590 with Q5140 Humira (adalimumab): <ul style="list-style-type: none"> Added J0139 Removed J0135 Idacio (adalimumab-aacf): <ul style="list-style-type: none"> Added Q5144 Removed Q5131 Simlandi (adalimumab-ryvk); replaced C9399 and J3590 with Q5142 Yuflyma (adalimumab-aaty); replaced C9399 and J3590 with Q5141
11/08/2024	<ul style="list-style-type: none"> Added subcutaneous to Tremfya (HCPCS J1628)
09/01/2024	<ul style="list-style-type: none"> Added Besremi (ropeginterferon alfa-2b-njft) (HCPCS codes C9399 and J3590) Updated list of applicable HCPCS codes for Simlandi (adalimumab-ryvk); replaced J3490 with J3590
07/01/2024	<ul style="list-style-type: none"> Added Wezlana (ustekinumab-auub) (HCPCS Q5137) Updated list of applicable HCPCS codes for Zymfentra (infliximab-dyyb) to reflect quarterly edits; replaced C9399 and J3590 with J1748
05/10/2024	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Adbry (tralokinumab-ldrm) (HCPCS codes C9399 and J3590) Bimzelx (bimekizumab-bkzx) (HCPCS codes C9399 and J3590) Entyvio (vedolizumab) (HCPCS codes C9399 and J3590) Simlandi (adalimumab-ryvk) (HCPCS codes C9399 and J3490) Zymfentra (infliximab-dyyb) (HCPCS codes C9399 and J3590)
05/06/2024	<ul style="list-style-type: none"> Added Winrevair (sotatercept) (HCPCS codes C9399, J3490, and J3590)
04/12/2024	<ul style="list-style-type: none"> Added Opfolda (miglustat) (HCPCS code J1202)
02/01/2024	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Furoscix (furosemide) (HCPCS code J1941) Mounjaro (tirzepatide) (HCPCS codes C9399 and J3490) Wainua (eplontersen) (HCPCS codes C9399 and J3590) Wegovy (semaglutide) (HCPCS codes C9399 and J3490) Zepbound (tirzepatide) (HCPCS codes C9399 and J3490) Zilbrysq (zilucoplan) (HCPCS codes C9399 and J3590) Updated list of applicable HCPCS codes for Myalept; replaced J3950 with J3590
01/01/2024	<ul style="list-style-type: none"> Updated list of applicable HCPCS codes for Abrilada (adalimumab-afzb) to reflect annual edits; replaced C9399 and J3590 with Q5132
10/01/2023	<ul style="list-style-type: none"> Added: <ul style="list-style-type: none"> Acthar Gel (corticotropin) (HCPCS code J0801) Hadlima (adalimumab-bwwd) (HCPCS codes C9399 and J3590) Hulio (adalimumab-fkjp) (HCPCS codes C9399 and J3590) Hyrimoz (adalimumab-adaz) (HCPCS codes C9399 and J3590) Idacio (adalimumab-aacf) (HCPCS codes C9399 and J3590) Lantus SoloStar (insulin glargine) (HCPCS codes J1815 and S5571) Levemir FlexTouch (insulin detemir) (HCPCS codes J1815 and S5571) Purified Cortrophin Gel (corticotropin) (HCPCS code J0802) Serostim (somatropin) (HCPCS code J2941)

Date	Summary of Changes
	<ul style="list-style-type: none"> ○ Teriparatide (HCPCS code J3110) ○ Tezspire (tezepelumab-ekko), prefilled syringe labeled for self-administration (HCPCS code J2356) ○ Toujeo SoloStar (insulin glargine) (HCPCS codes J1815 and S5570) ○ Toujeo Max SoloStar (insulin glargine) (HCPCS codes J1815 and S5571) ○ Yuflyma (adalimumab-aaty) (HCPCS codes C9399 and J3590) ○ Yusimry (adalimumab-aqv) (HCPCS codes C9399 and J3590) ● Removed: <ul style="list-style-type: none"> ○ Acthar (corticotropin) (HCPCS code J0800) ○ Bonsity (teriparatide) (HCPCS code J3110) ○ Bravelle (urofollitropin) (HCPCS code J3355) ○ Bynfezia (octreotide acetate) (HCPCS code J2354) ○ Innohep (tinzaparin sodium) (HCPCS code J1655) ○ Intron -A (interferon alfa-2b) (HCPCS code J9214) ○ Kynamro (mipomersen sodium) (HCPCS codes C9399 and J3490) ○ Repronex (menotropins) (HCPCS codes J3490 and S0122) ○ Sumavel (sumatriptan succinate) (HCPCS code J3030) ○ Sylatron (peginterferon alfa-2b) (HCPCS codes C9399 and J9999) ○ Symlin, symlinpen 60, symlinpen 120 (Pramlintide acetate) (HCPCS code J3490) ○ Tanzeum (albiglutide) (HCPCS codes C9399 and J3490) ○ Tev-tropin (somatropin) (HCPCS code J2941) ○ Toujeo (Insulin glargine) (HCPCS codes C9399 and J3590) ○ Zorbtive (somatropin) (HCPCS code J2941) ● Replaced: <ul style="list-style-type: none"> ○ “Fasenra (benralizumab) autoinjector, prefilled syringe labeled for self-administration” with “Fasenra (benralizumab) autoinjector labeled for self-administration” ○ “Leuprolide acetate, leuprolide acetate inj” with “Leuprolide acetate” ○ “Xultophy” with “Xultophy (insulin degludec-liraglutide)” ● Updated list of applicable HCPCS codes and/or descriptions for: <ul style="list-style-type: none"> ○ Benlysta (belimumab) subcutaneous ○ Bydureon (exenatide) ○ Byetta (exenatide) ○ Cablivi (caplacizumab-yhdp); subcutaneous doses following the first day of therapy ○ Egrifta (tesamorelin Acetate) ○ Empaveli (pegcetacoplan) ○ Follistim AQ (follitropin beta) ○ Gonal-f (all formulations) (follitropin alfa) ○ Lantus (insulin glargine) ○ Levemir (insulin detemir) ○ Menopur (menotropins) ○ Orenzia (abatacept) (subcutaneous) ○ Otrexup, Rasuvo, RediTrex (Methotrexate - Solution Auto-injector) ○ Ovidrel (choriogonadotropin alpha) ○ Palforzia [Peanut (Arachis hypogaea) Allergen Powder-dnfp] ○ Pegasys (interferon alfa-2a, pegylated) ○ Pegintron (Peginterferon Alfa-2b) ○ Rebif (Interferon beta-1a) ○ Saxenda (liraglutide) ○ Soliqua (insulin glargine/lixisenatide) ○ Somavert (pegvisomant) ○ Taltz (ixekizumab) ○ Trulicity (dulaglutide) ○ Tyvaso (treprostinil) ○ Vyleesi (bremelanotide) ○ Victoza (liraglutide) ○ Xultophy (insulin degludec-liraglutide)
07/01/2023	<ul style="list-style-type: none"> ● Added Idacio (adalimumab) (HCPCS code Q5131)

Instructions for Use

This Medical Benefit Drug List provides assistance in interpreting UnitedHealthcare benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard benefit plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Benefit Drug List is provided for informational purposes. It does not constitute medical advice.