

Department:	Utilization Management	Original Approval:	03/15/2006
Policy #:	PM566	Last Approval:	03/13/2019
Title:	Injectable Medications Policy		
Approved By:	MMLT		
Dependencies:	None		

Purpose

The purpose of this policy is to identify coverage determination of injectable medications between medical and pharmacy benefits.

Medications administered professionally are reviewed as part of the Pharmacy and Therapeutics Committee to ensure consistency in prior authorization (including step therapy), medical necessity guidelines, age edits, drug rebate encounter submission, reporting, notices of decision, etc. will apply regardless of whether medication is obtained through the medical or pharmacy benefit.

Policy

It is Community Health Plan of Washington's (CHPW) policy to cover, via medical benefits, injectable drugs that are given via intramuscular or intravenous administration and subcutaneous medications indicated only for provider administration.

Self-injectable drugs, typically administered subcutaneously by the member, can be covered by medical or pharmacy benefits. Self-injectable drugs, subject to various pharmacy benefit restriction, will be covered by the pharmacy benefit unless:

- The medication is administered by a health care provider, or
- The patient has conditions that prohibit him or her from self-administration of the medication.

These conditions include but are not limited to:

- The enrollee, family member, or other qualified person are physically unable to perform administration and adaptive equipment is not available, and
- The enrollee, family member, or other qualified person lack the cognitive ability to manage self-injection, recognize side effects, or understand when to notify their provider if problems occur.

For enrollees that have self-injectable drugs administered by a health care provider or have conditions that prohibit him or her from self-administration of the medication, CHPW uses CHPW Clinical Coverage Criteria, Health Care Authority (HCA) Health Technology Assessment (HTA) Findings, or MCG® guidelines to determine authorization.

List of Appendices

None.

Citations & References

CFR	
WAC	
RCW	
Contract Citation	<input checked="" type="checkbox"/> WAH
	<input checked="" type="checkbox"/> IMC
	<input checked="" type="checkbox"/> MA
Other Requirements	
NCQA Elements	

Revision History

Revision Date	Revision Description	Revision Made By
03/05/2006	New	Kelly Force, LPN
10/14/2009	Original	Verni Jogaratnam
11/10/2009	Moved to new template; edit for style & clarity	Jennifer Carlisle
08/13/2010	Added WHP citation	Jason Horne
10/27/2010	Approval	MMLT
09/07/2011	Updated list of drugs covered under medical benefit	Lucy Sutphen, MD, FACP
10/12/2011	Approval	MMLT
07/26/2012	Minor editing to remove list of drugs	Lucy Sutphen, MD, FACP
08/08/2012	Approval	MMLT
06/12/2013	Approval	MMLT
08/06/2014	Updated Contract Citation section	Andrew Boe
08/13/2014	Approval	MMLT
07/06/2015	Changed Milliman Care Guidelines to MCG Guidelines	Jane Daughenbaugh
07/08/2015	Approval	MMLT
07/25/2016	Reformatted "Contract Citation" cell. Added FIMC LOB	Cyndi Stilson
07/26/2016	Reviewed. No changes	Jane Daughenbaugh
07/26/2016	Approval	MMLT
05/12/2017	Formatting Revisions	Sophia Yun, PharmD
05/21/2017	Approval	MMLT
02/06/2018	Moved to new template. Minor text edits. Moved from UM to PM.	Mary Eckhart, Fran McGaugh

03/13/2018	Approval	MMLT
03/12/2019	Reviewed. No changes	Jennifer Farley, PharmD
03/13/2019	Approval	MMLT