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|----------------------|-----------------------------------|---------------------------|------------|
| <b>Department:</b>   | Pharmacy Management               | <b>Original Approval:</b> | 03/15/2006 |
| <b>Policy No:</b>    | PM566                             | <b>Last Approval:</b>     | 01/24/2025 |
| <b>Policy Title:</b> | Injectable Medications Policy     |                           |            |
| <b>Approved By:</b>  | Clinical Services Leadership Team |                           |            |
| <b>Dependencies:</b> | N/A                               |                           |            |

## Purpose

The purpose of this policy is to identify coverage determination of injectable medications between medical and pharmacy benefits. For Apple Health members only, Community Health Plan of Washington (CHPW) will follow the authorization criteria, quantity limits, step therapy protocols, and other restrictions recommended by the DUR Board, approved by HCA, or as designated on the Single Preferred Drug List file. In the absence of an HCA approved policy for injectable drugs for either the pharmacy prescription drug or medical benefits, CHPW may develop and use its own drug specific policy.

Self-administered injectable medications are reviewed as part of the Pharmacy and Therapeutics Committee for criteria development on the pharmacy prescription drug benefit. Professionally administered injectable medications covered under the medical benefit are reviewed as part of the Utilization Management (UM) Pharmacy Subcommittee for approval by the UM Committee. Reviews by these committees will 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, will be covered by the pharmacy benefit unless conditions require that the medication be administered by a health care provider. The conditions for medical benefit coverage may include but are not limited to:

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- The patient has conditions that prohibit him or her from self-administration of the medication,
- The enrollee, family member, or other qualified person are physically unable to perform administration and adaptive equipment is not available, or
- 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

- A. Detailed Revision History

## Citations & References

|   |  |  |
|---|--|--|
| <b>CFR</b>                                    |  |  |
| <b>WAC</b>                                    |  |  |
| <b>RCW</b>                                    |  |  |
| <b>LOB &amp; Contract Citation</b>            | <input checked="" type="checkbox"/> <b>WAHIMC</b>  | IMC Section 17.3: Pharmacy Benefits and Services |
|   | <input type="checkbox"/> <b>BHSO</b>               |  |
|   | <input type="checkbox"/> <b>Wraparound</b>         |  |
|   | <input type="checkbox"/> <b>SMAC</b>               |  |
|   | <input type="checkbox"/> <b>HH</b>                 |  |
|   | <input type="checkbox"/> <b>AHE</b>                |  |
|   | <input checked="" type="checkbox"/> <b>MA/DSNP</b> | P&P supports all LOB requirements                |
| <input checked="" type="checkbox"/> <b>CS</b> | P&P supports all LOB requirements                  |  |
| <b>Other Requirements</b>                     |  |  |
| <b>NCQA Elements</b>                          |  |  |

## Revision History

|                    |   |
|--------------------|---|
| <b>SME Review:</b> | 03/05/2006; 11/10/2009; 08/13/2010; 09/07/2011; 07/26/2012; 08/06/2014; 07/06/2015; 07/25/2016; 07/26/2016; 05/12/2017; |
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|                  | 02/06/2018; 03/12/2019; 03/30/2020; 04/19/2021; 02/22/2022;<br>01/31/2023; 02/19/2024; 01/22/2025   |
| <b>Approval:</b> | 10/27/2010; 10/12/2011; 08/08/2012; 06/12/2013; 08/13/2014;<br>07/08/2015; 07/26/2016; 05/21/2017; 03/13/2018; 03/13/2019;<br>04/13/2020; 04/21/2021; 02/23/2022; 02/13/2023; 02/21/2024;<br>01/24/2025 |

## Appendix A: Detailed 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                       |
| 03/30/2020    | Reviewed. No changes  | Jennifer Farley, PharmD    |
| 03/30/2020    | Reviewed  | Omar Daoud                 |
| 04/09/2020    | Approval  | Yusuf Rashid               |
| 04/13/2020    | Approval  | CMO Cabinet                |
| 04/19/2021    | Reviewed. No changes  | Jennifer Farley, PharmD    |
| 04/19/2021    | Reviewed  | Omar Daoud                 |
| 04/21/2021    | Approval  | CMO Cabinet                |
| 02/22/2022    | Reviewed, no changes. Approved                                | Omar Daoud                 |

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| 02/23/2022 | Approval             | CMO Cabinet                          |
| 01/31/2023 | Reviewed, no changes | Omar Daoud                           |
| 02/13/2023 | Approval             | Clinical Services<br>Leadership Team |
| 02/19/2024 | Updated citation     | Omar Daoud                           |
| 02/21/2024 | Approval             | Clinical Services<br>Leadership Team |
| 01/22/2025 | No changes           | Omar Daoud                           |
| 01/24/2025 | Approval             | Clinical Services<br>Leadership Team |

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