Department:	Pharmacy Management	**Original Approval:**	03/15/2006
Policy No:	PM566	**Last Approval:**	12/18/2025
Policy Title:	Injectable Medications Policy		
Approved By:	Clinical Services Leadership Team		
Dependencies:	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

CFR		
WAC		
RCW		
LOB & Contract Citation	☒ **WAHIMC**	IMC Section 17.3: Pharmacy Benefits and Services
	☐ **BHSO**	
	☐ **Wraparound**	
	☐ **SMAC**	
	☐ **HH**	
	☐ **AHE**	
	☒ **MA/DSNP**	P&P supports all LOB requirements
	☒ **CS**	P&P supports all LOB requirements
Other Requirements		
NCQA Elements		

Revision History

SME Review:	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; 01/31/2023; 02/19/2024; 01/22/2025; 12/16/2025
Approval:	10/27/2010; 10/12/2011; 08/08/2012; 06/12/2013; 08/13/2014; 07/08/2015; 07/26/2016; 05/21/2017; 03/13/2018; 03/13/2019; 04/13/2020; 04/21/2021; 02/23/2022; 02/13/2023; 02/21/2024; 01/24/2025; 12/18/2025

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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 Leadership Team
02/19/2024	Updated citation	Omar Daoud
02/21/2024	Approval	Clinical Services Leadership Team
01/22/2025	No changes	Omar Daoud
01/24/2025	Approval	Clinical Services Leadership Team
12/26/2025	No changes	Omar Daoud
12/18/2025	Approval	Clinical Services Leadership Team

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