



Medical Drug Wastage Program

Beginning February 1, 2025, for our Community Care and ACO members, Fallon Health will be partnering with Prime Therapeutics to launch a medical drug wastage program. As part of the prior authorization process, Prime Therapeutics will require dose rounding for infused drug products to the nearest lowest vial size if within +/- 10% of the original prescribed dose ("the Recommended Dose") unless the **medical necessity** criteria are met (see below).

This medical policy will apply to the following drugs*:

* This drug list may change. Please refer to the medical benefit formulary on our website (<https://fallonhealth.org/providers/pharmacy/online-drug-formulary>) for the most up to date drugs included in this program.

<ul style="list-style-type: none"> • J9264 Abraxane • J3262 Actemra IV • J0791 Adakveo • J9042 Adcetris • J0172 Aduhelm • J9305 Alimta • Q5126 Alymsys • J1426 Amondys-45 • J0881 Aranesp • J9118 Asparlas • J9035 Avastin • Q5121 Avsola • J9999 Avzivi • J9032 Beleodaq • J0490 Benlysta IV • J9039 Blincyto • J9046 Bortezomib (Dr. Reddy's) • J9048 Bortezomib (Fresenius Kabi) • J9049 Bortezomib (Hospira) • J9051 Bortezomib (Maia) • J9064 Cabazitaxel (Sandoz) • J2786 Cinqair • J1448 Cosela • J9308 Cyramza • J9348 Danyelza • J9145 Darzalex • J9063 Elahere • J9269 Elzonris 	<ul style="list-style-type: none"> • J2796 Nplate • J9205 Onivyde • J0222 Onpattro • J0224 Oxlumo • J9259 Paclitaxel Albumin-Bound (American Regent) • J9177 Padcev • J0208 Pedmark • J9322 pemetrexed (Bluepoint) • J9297 pemetrexed (Sandoz) • J9314 pemetrexed (Teva) • J9323 pemetrexed ditromethamine (Hospira) • J9296 pemetrexed (Accord) • J9294 pemetrexed (Hospira) • J9999 pemetrexed (Shipla) • J9309 Polivy • J9204 Poteligeo • J0885 Procrit/Epogen • J0896 Reblozyl • Q5125 Releuko • J1745 Remicade/unbranded infliximab • Q5104 Renflexis • Q5106 Retacrit • Q5123 Riabni • J9312 Rituxan • J0596 Ruconest
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<ul style="list-style-type: none"> • J9176 Empliciti • J9358 Enhertu • J9055 Erbitux • J1305 Evkeeza • J1428 Exondys-51 • J0641 Fusilev • J9331 Fyarro • J0223 Givlaari • J1447 Granix • J0599 Haegarda • J9179 Halaven • J9355 Herceptin • J9999 Hercessi • J9347 Imjudo • Q5103 Inflectra • J9198 Infugem • J9043 Jevtana • J9354 Kadcylla • J0642 Khapzory • J9047 Kyprolis • J0174 Leqembi • J3263 Loqtorzi • J9313 Lumoxiti • J9353 Margenza • J0888 Mircera • J9349 Monjuvi • Q5107 Mvasi • J1442 Neupogen • Q5110 Nivestym 	<ul style="list-style-type: none"> • Q5119 Ruxience • J9021 Rylaze • J9227 Sarclisa • J1602 Simponi_ARIA • J2860 Sylvant • J3055 Talvey • J9022 Tecentriq • J9380 Tecvayli • J3241 Tepezza • J9273 Tivdak • Q5133 Tofidence • J9033 Treanda • J9317 Trodelvy • Q5115 Truxima • Q5135 Tyenne IV/SQ • J9381 Tzielid • J9999 Unituxin • J9303 Vectibix • Q5129 Vegzelma • J1427 Viltepsa • J1429 Vyondys-53 • J9228 Yervoy • J9352 Yondelis • J9400 Zaltrap • Q5101 Zarxio • J9223 Zepzelca • Q5118 Zirabev • J9359 Zynlonta
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(The list of codes is not intended to be all-inclusive and is included above for informational purposes only. Inclusion or exclusion of a procedure, diagnosis, drug or device code(s) does not constitute or imply authorization, certification, approval, offer of coverage or guarantee of payment.)

Medical Necessity:

- I. Provider indicates the recommended dose reduction may result in a suboptimal outcome due to one of the following:
 - A. Member's age is less than 18 years of age
 - B. Member is partially responsive to the original prescribed dose
 - C. Member previously demonstrated a suboptimal response to a lower rounded down dose

- D. Member has a history of rapidly fluctuating body weight (i.e., weight gain of at least 10% body weight in a one-month time period within the past 6 months)
 - E. Member is clinically unstable and at high risk for hospitalization if the requested medication produces a suboptimal response
 - F. Member is being treated for an oncology indication with a curative goal (i.e. adjuvant, neoadjuvant)
 - G. Member's laboratory values indicate that a dose reduction will result in a suboptimal response
- II. All other reasons not referenced in this policy are ***not considered medically necessary.***