



Drug Wastage Program
Policy Number: Fallon004

Effective Date: 4.25.25

Last Review Date: 4.7.25

Status: Current

Drug Wastage Program

Related Policies:

None

Description:

This policy establishes a procedure for therapeutically appropriate, and cost-effective dose optimization of certain weight-based or body surface area (BSA) based infused medications. It requires dose rounding (i.e. reduction) for infused drug products to the nearest lowest vial size if within 10% of the original prescribed dose. This effort seeks to reduce the potential for errors in drug administration and decrease drug wastage across all drug products noted below.

This medical policy will apply to the following drugs:

• J9264 Abraxane	 J2796 Nplate
J3262 Actemra IV	 J3590 Nypozi
 J0791 Adakveo 	 J9205 Onivyde
• J9042 Adcetris	 J0222 Onpattro
• J9305 Alimta	 J0224 Oxlumo
Q5126 Alymsys	 J9259 Paclitaxel Albumin-Bound
 J1426 Amondys-45 	(American Regent)
 J0881 Aranesp 	 J9177 Padcev
 J9118 Asparlas 	 J0208 Pedmark
 J9035 Avastin 	 J9322 pemetrexed (Bluepoint)
Q5121 Avsola	 J9297 pemetrexed (Sandoz)
 J9999 Avzivi 	 J9314 pemetrexed (Teva)
 J3590 Avtozma IV 	 J9323 pemetrexed ditromethamine
 J9032 Beleodaq 	(Hospira)
J0490 Benlysta IV	 J9296 pemetrexed (Accord)
• J9039 Blincyto	 J9294 pemetrexed (Hospira)

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a 10046 Partazamih (Dr. Paddu'a)	• 10202 nometroyed (Autley Augus)
J9046 Bortezomib (Dr. Reddy's)	J9292 pemetrexed (Axtle; Avyxa)
J9048 Bortezomib (Fresenius Kabi)	• J9309 Polivy
J9049 Bortezomib (Hospira)	• J9204 Poteligeo
• J9051 Bortezomib (Maia)	J0885 Procrit/Epogen
J9064 Cabazitaxel (Sandoz)	• J0896 Reblozyl
• J2786 Cinqair	• Q5125 Releuko
• J1448 Cosela	J1745 Remicade/unbranded infliximab
• J9308 Cyramza	Q5104 Renflexis
• J9348 Danyelza	Q5106 Retacrit
• J9145 Darzalex	• Q5123 Riabni
• J9999 Datroway	• J9312 Rituxan
 J9063 Elahere 	• J0596 Ruconest
 J9269 Elzonris 	Q5119 Ruxience
 J9176 Empliciti 	• J9021 Rylaze
 J9358 Enhertu 	 J0870 Rytelo
 J9055 Erbitux 	J9227 Sarclisa
 J1305 Evkeeza 	 J1602 Simponi_ARIA
 J1428 Exondys-51 	 J2860 Sylvant
 J0641 Fusilev 	 J3055 Talvey
 J9331 Fyarro 	 J9022 Tecentriq
 J0223 Givlaari 	 J9380 Tecvayli
• J1447 Granix	• J3241 Tepezza
 J0599 Haegarda 	• J9273 Tivdak
 J9179 Halaven 	 J3590 toclizumab-anoh
 J9355 Herceptin 	Q5133 Tofidence
 J9999 Hercessi 	 J9033 Treanda
 J9347 Imjudo 	 J9317 Trodelvy
 Q5103 Inflectra 	Q5115 Truxima
 J9198 Infugem 	Q5135 Tyenne IV/SQ
 J9043 Jevtana 	• J9381 Tzield
 J9354 Kadcyla 	• J9999 Unituxin
 J0642 Khapzory 	• J9303 Vectibix
 J9047 Kyprolis 	Q5129 Vegzelma
• J0174 Leqembi	 J1427 Viltepso
 J3263 Loqtorzi 	 J1429 Vyondys-53
• J9313 Lumoxiti	• J9999 Vyloy
• J9999 Lymphir	• J9228 Yervoy
• J9353 Margenza	• J9352 Yondelis
• J0888 Mircera	• J9400 Zaltrap
 J9349 Monjuvi 	• Q5101 Zarxio
• Q5107 Mvasi	• J9223 Zepzelca
J1442 Neupogen	• J9999 Ziihera
• J9038 Niktimvo	Q5118 Zirabev

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Policy:

The requirements of the Fallon Drug Wastage Program may require a precertification/prior authorization via Prime Therapeutics These requirements are member-specific: please verify member eligibility and requirements through the Fallon Provider Portal: https://www.fchp.org/Providertools/Login/Login.aspx?ReturnUrl=%2fprovidertools%2fEligibility

The dose will be rounded down for infused drug products if within 10% of the originally prescribed dose unless the following *medical necessity* criteria are met:

- A. Provider indicates the recommended dose reduction may result in a suboptimal outcome due to one of the following:
 - 1. Member's age is less than 18 years of age
 - 2. Member is partially responsive to the original prescribed dose
 - 3. Member previously demonstrated a suboptimal response to a lower rounded down dose
 - 4. 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)
 - 5. Member is clinically unstable and at high risk for hospitalization if the requested medication produces a suboptimal response
 - 6. Member is being treated for an oncology indication with a curative goal (i.e. adjuvant, neoadjuvant)
 - 7. 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*.

Medicare Coverage:

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The Fallon policy does not apply to Medicare Advantage Products.

Medicaid Coverage:

For members enrolled in Medicaid, Fallon applies the above medical policy.

Exchange Coverage:

For members enrolled in an Exchange program, Fallon applies the above medical policy.

References:

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- Park JJ, Boutillier L, et al. Effect of Standardized Infliximab Dose Rounding on an Outpatient Infusion Center. Journal of Managed Care & Specialty Pharmacy. October 2018. Vol. 24, No. 10. <u>www.jmcp.orgwww.jmcp.org opens a dialog window</u>.
- 3. IPD Analytics. RxBrief: Oncology. Oncology Management: Dose Rounding and Weight-Based Dosing. September 2020.
- Vandyke TH, Athmann PW, Ballmer CM, Kintzel PE. Cost avoidance from dose rounding biologic and cytotoxic antineoplastics. J Oncol Pharm Pract. 2017 Jul;23(5):379-383. doi: 10.1177/1078155216639756. Epub 2016 Mar 21. PMID: 27000279.
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- Canadian Agency for Drugs and Technologies in Health. CADTH technology review: optimal use 360 report: dosing and timing of immuno-oncology drugs. Published online November 2019. Accessed September 23, 2020. https://www.cadth.ca/sites/default/files/ou-tr/ho0008-dosing-timing-immunooncology-drugs.pdf



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- Ibrahim N (2018) Global Initiative to Establish and Implement Dose Rounding Policy for Expensive Cancer Therapy. J Pharma Care. Health Sys 5: e147. doi:10.4172/2376-0419.1000e147. https://www.longdom.org/open-access/global-initiative-to-establishand-implement-dose-rounding-policy-forexpensive-cancer-therapy-2376-0419-1000e147.pdf

Codes:

(The list of codes is not intended to be all-inclusive and is included below 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.)

CPT*

HCPCS

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Revisions:

Drug	Change or Update	Effective Date
Aduhelm	Removed due to manufacturer d/c	4.1.25
J0870- Rytelo	Added 5 drugs for mDW	3.14.25
J3590 Nypozi		

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J9999 Lymphir	
J9999 Vyloy	
J9999 Ziihera	
J3590 Avtozma IV	4.15.25
J3590 toclizumab-anoh	
J9999 Datroway	
J9038 Niktimvo	4.25.25

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