



POLICY: Weight Based Drug Dose Rounding Utilization Management Medical Policy

EFFECTIVE DATE: 4/5/2024

LAST REVISION DATE: 3/12/2024

COVERAGE CRITERIA FOR: All Aspirus Medicare Plans

OVERVIEW

For many injectable drugs, doses are based on the weight of a patient and therefore may change based on normal weight fluctuations requiring minor dose adjustments throughout the course of therapy to allow for optimal therapeutic response.

POLICY STATEMENT

This policy allows for a 10% unit addition to be added to the total approved units for the specific weight-based medications outlined in the Appendix. If there is a corresponding policy, the patient is required to meet the respective *Utilization Management Medical Policy* criteria prior to review for weight-based dose rounding. All approvals are provided for the duration noted in the respective *Utilization Management Medical Policy* criteria.

RECOMMENDED AUTHORIZATION CRITERIA

When weight-based dosing is prescribed, dose rounding is recommended for those who meet the following:

1. If the requested drug is listed in the Appendix a 10% unit addition will be added to the total approved units following review and approval per the associated *Utilization Management Medical Policy* criteria.
Note: Refer to the [Appendix](#) for the current list of weight-based dosing medications where unit addition is clinically appropriate.

APPENDIX

Weight-based dose rounding medication list.

Abraxane® (paclitaxel albumin-bound for injectable suspension)
Actemra® (tocilizumab intravenous infusion)
Adakveo® (crizanlizumab-tmca injection, for intravenous use)
Aldurazyme® (laronidase solution for intravenous infusion)
Alimta® (pemetrexed intravenous infusion)
Aralast NP™ (alpha 1-proteinase inhibitor [human] lyophilized powder)
Asparlas™ (calaspargase pegol mkn1 intravenous infusion)
Avastin® (bevacizumab for intravenous injection)
Alymsys® (bevacizumab-maly injection)
Benlysta® (belimumab intravenous injection)
Besponsa™ (inotuzumab ozogamicin injection for intravenous use)
Blinicyto® (blinatumomab intravenous infusion)
Cerezyme® (imiglucerase for injection)
Cinqair® (reslizumab injection for intravenous use)
Cyramza® (ramucirumab injection for intravenous use)
Darzalex™ (daratumumab injection for intravenous use)

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Elaprase® (idursulfase injection for intravenous use)
Elelyso® (taliglucerase for injection)
Elzonris™ (tagraxofusp-erzs injection for intravenous use)
Empliciti® (elotuzumab injection for intravenous use)
Enhertu® (fam-trastuzumab deruxtecan-nxki injection for intravenous use)
Epogen® (epoetin alfa intravenous or subcutaneous injection)
Erbitux® (cetuximab injection for intravenous infusion)
Exondys 51™ (eteplirsen intravenous infusion)
Fabrazyme® (agalsidase injection for intravenous use)
Folotyn® (pralatrexate intravenous infusion)
Gamifant® (emapalumab-lzsg intravenous infusion)
Givlaari™ (givosiran injection solution, for subcutaneous use)
Glassia™ (alpha1-proteinase inhibitor [human] solution)
Granix® (tbo-filgrastim injection for subcutaneous use)
H.P. Acthar® Gel (repository corticotropin injection for intramuscular or subcutaneous use)
Haegarda® (C1 esterase inhibitor [human] for subcutaneous [SC] use)
Hemlibra® (emicizumab-kxwh injection for subcutaneous use)
Herceptin® (trastuzumab injection for intravenous infusion)
Herzuma® (trastuzumab-pkrb injection for intravenous use)
Infliximab intravenous infusion (Janssen)
Istodax® (romidepsin injection for intravenous use)
Jevtana® (cabazitaxel injection for intravenous use)
Kadcyla® (ado-trastuzumab emtansine intravenous infusion)
Kanuma™ (sebelipase alfa injection for intravenous use)
Kyprolis (carfilzomib injection for intravenous use)
Lumoxiti® (moxetumomab pasudotox-tdfk intravenous infusion)
Mepsevii™ (vestronidase alfa-vjbc injection, for intravenous use)
Mylotarg™ (gemtuzumab ozogamicin for injection)
Neupogen® (filgrastim injection for subcutaneous or intravenous use)
Nivestym™ (filgrastim injection for subcutaneous or intravenous use)
Nplate® (romiplostim subcutaneous injection)
Ogivri™ (trastuzumab-dkst injection for intravenous use)
Oncaspar® (pegaspargase injection for intramuscular or intravenous use)
Onivyde® (irinotecan liposome injection)
Onpatro (patisiran intravenous injection)
Ontruzant® (trastuzumab-dttb injection for intravenous use)
Paclitaxel albumin-bound for injectable suspension (American Regent)
Paclitaxel albumin-bound for injectable suspension (Teva)
Pemfexy™ (pemetrexed intravenous infusion)
Pemetrexed intravenous infusion (Multiple manufacturers)
Polivy™ (polatuzumab vedotin – piiq injection for intravenous use)
Poteligeo® (mogamulizumab-kpkc intravenous infusion)
Procrit® (epoetin alfa intravenous or subcutaneous injection)
Prolastin®-C and Prolastin®-C Liquid (alpha1-proteinase inhibitor [human] lyophilized powder and solution)
Proleukin® (aldesleukin injection for intravenous use)
Purified Cortrophin™ Gel (repository corticotropin subcutaneous or intramuscular injection)
Reblozyl® (luspatercept-aamt subcutaneous injection)
Releuko® (filgrastim-ayow intravenous or subcutaneous injection)
Remicade® (infliximab for intravenous infusion)
Renflexis® (infliximab-abda for intravenous infusion)
Revcovi™ (elapegedemase-lvlr injection for intramuscular use)
Riabni™ (rituximab-arrx for intravenous use)

Rituxan® (rituximab injection for intravenous use)
Romidepsin non-lyophilized intravenous infusion (Teva)
Sarclisa® (isatuximab-irfc injection, for intravenous use)
Simponi Aria® (golimumab injection, for intravenous [IV] infusion)
Sylvant® (siltuximab intravenous infusion)
Synribo® (omacetaxine mepesuccinate subcutaneous injection)
Tepezza™ (teprotumumab injection for intravenous use)
Trodelvy™ (sacituzumab govitecan-hziy injection for intravenous use)
Unituxin® (dinutuximab injection for intravenous use)
Vectibix® (panitumumab solution for intravenous infusion)
Vegzelma™ (bevacizumab-adcd intravenous infusion)
Vpriv® (velaglucerase for injection)
Yervoy® (ipilimumab intravenous infusion)
Yondelis® (trabectedin injection for intravenous use)
Zaltrap® (ziv-aflibercept intravenous infusion)
Zemaira® (alpha1-proteinase inhibitor [human] lyophilized powder)

REFERENCES

None

HISTORY

Type of Revision	Summary of Changes	Review Date
New Custom Aspirin Policy	-	3/12/2024