



**POLICY:** Weight Based Drug Dose Rounding Utilization Management Medical Policy

**EFFECTIVE DATE:** 4/5/2024

**LAST REVISION DATE:** 4/2/2025

**COVERAGE CRITERIA FOR:** All UCare 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)
Aralast NP™ (alpha1-proteinase inhibitor [human] lyophilized powder)
Asparlas™ (calaspargase pegol mknl 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)
Cosentyx® (secukinumab intravenous infusion – Novartis)
Cyramza® (ramucirumab injection for intravenous use)
Darzalex™ (daratumumab injection for intravenous use)
Datroway® (datopotamab deruxtecan-dlnk intravenous infusion – Daiichi Sankyo)
Elaprase® (idursulfase injection for intravenous use)

Ellyso® (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)
Erbix® (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)
Lymphir™ (denileukin diftitox-cxdl intravenous infusion)
Mepsevii™ (vestronidase alfa-vjbc injection, for intravenous use)
Mylotarg™ (gemtuzumab ozogamicin for injection)
Neupogen® (filgrastim injection for subcutaneous or intravenous use)
Niktimvo™ (axatilimab-csfr intravenous infusion)
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)
Onpattro (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)
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™ (elapegamase-lvlr injection for intramuscular use)
Riabni™ (rituximab-arx for intravenous use)

Rituxan® (rituximab injection for intravenous use)
Romidepsin non-lyophilized intravenous infusion (Teva)
Rytelo® (imetelstat intravenous infusion)
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)
Vyloy® (zolbetuximab-clzb intravenous infusion)
Yervoy® (ipilimumab intravenous infusion)
Yondelis® (trabectedin injection for intravenous use)
Zaltrap® (ziv-aflibercept intravenous infusion)
Zemaira® (alpha-1-proteinase inhibitor [human] lyophilized powder)
Ziihera® (zanidatamab-hrii intravenous infusion – Jazz)

**REFERENCES**

None

**HISTORY**

Type of Revision	Summary of Changes	Review Date
New Custom UCare Policy	-	3/12/2024
UCare Revision	Added additional new drugs from 2024 (Rytelo, Niktimvo, Lymphir, and Vyloy. Removed products no longer requiring review for 2025 (Alimta, pemetrexed generics)	12/3/2024
UCare Revision	Adding new drug targets to policy (Ziihera, Datroway, and Cosentyx IV)	4/2/2025