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

Effective Date: 4/5/2024

Last Revision Date: 12/3/2024

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](#Appendix) for the current list of weight-based dosing medications where unit addition is clinically appropriate.

**Appendix**

**Weight-based** [**dose**](https://fsp.express-scripts.com/AM/AccountManagementDocuments/Convenient%20Care%20Drug%20List%20Q2%2020v5.pdf) **rounding medication list.**

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| 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) |
| Blincyto® (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) |
| 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) |
| Lymphir™ (denileukin diftitox-cxdl intravenous infusion)  |
| Mepsevii™ (vestronidase alfa-vjbk 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™ (elapegademase-lvlr injection for intramuscular use) |
| Riabni™ (rituximab-arrx 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® (alpha1-proteinase inhibitor [human] lyophilized powder) |

**References**

None

**History**

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| **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 |