

## **MVP Health Care Medical Policy**

# **Medicare Part B: Dose Rounding for Systemic Therapy**

Type of Policy: Drug/Medical Therapy

Prior Approval Date: NA

Approval Date: 12/01/2024 Effective Date: 02/01/2025

**Related Policies: NA** 

Refer to the MVP Medicare website for the Medicare Part D formulary and Part D policies.

#### Overview

As part of an effort to work with our providers to reduce waste, minimize healthcare worker exposure, ensure treatment accuracy, and reduce the total cost of cancer care, Optum's Cancer Guidance Program is implementing dose rounding on select cancer drugs (see Definitions for full list of drugs).

The Hematology/Oncology Pharmacy Association (HOPA) position statement supports rounding of biologic and cytotoxic agents within 10% of the ordered dose as routine clinical care. The HOPA position statement has been reviewed and endorsed by the National Comprehensive Cancer Network (NCCN) and published by the American Society of Clinical Oncology (ASCO).

In line with this guidance, Optum's Cancer Guidance Program will round a select set of cancer drugs down to the nearest vial size in cases where rounding would result in fewer vials used per treatment without reducing treatment efficacy (i.e., rounding down less than 10%).

### **Considerations**

Optum's Cancer Guidance Program (CGP) is implementing dose rounding on select cancer drugs (see table for full list of drugs). Working with providers to reduce waste,

ensure treatment accuracy, ensure treatment efficacy, and reduce the total cost of cancer care.

#### Recommendation

When a provider, or operations user, submits a prior authorization request through MBMNow, Optum's Cancer Guidance Program automatically determines cases where dose rounding would apply and calculate the per treatment dosage based on the member's height and/or weight, and the NCCN-recommended dosage for that regimen.

A rounded dose is recommended in cases where rounding down (less than 10%) the NCCN recommendation per treatment results in the use of fewer vial(s) and less waste. If rounding down will not result in the use of fewer vial(s) per treatment, dose rounding is not applied.

- If the rounded dose is accepted by the provider (when offered in MBMNow), the request may be able to be automatically approved. The authorization will include the total approved billable units for the course of the treatment based on the rounded dose and the approved cycles.
  - If the member's weight changes significantly (>=10%) during the course of therapy, a new authorization will need to be submitted to ensure the total authorized dose is not exceeded.
- If the rounded dose is not accepted, the request will require custom review and a Cancer Guidance Program Nurse may reach out for more information.

Acceptance of rounded dose is voluntary and is not required to receive a prior authorization for cancer treatment. Clinicians must use independent medical judgment in the context of individual clinical circumstances to determine any member's care or treatment. Care decisions are between the provider and member.

# **Drug table for Dose Rounding**

HCPCS Code	Drug
J0893	Decitabine(sun pharma)
J0894	Decitabine (Dacogen®)
J9025	Azacitidine (Vidaza®)
J9033	Bendamustine (Treanda®)
J9034	Bendamustine (Bendeka®)
J9035	Bevacizumab (Avastin®)
J9036	Bendamustine HCI (Belrapzo®)
J9041	Bortezomib (Velcade®)

19042   Steinkinlar (Jackeths®)     19046   Bortezomib(dr. reddy's)     19047   Carfilzomib (Kyprolis®)     19048   Bortezomib(Fresenius kabi)     19049   Bortezomib(Hospira)     19055   Cetuximab (Erbitux®)     19056   Bendamustine(Vivimusta)     19058   Bendamustine(Apotex)     19059   Bendamustine(Baxter)     19145   Daratumumab (Darzalex®)     19176   Elotuzumab (Empliciti®)     19179   Eribulin Mesylate (Halaven®)     19207   kabepoline (Ixempra®)     19228   Ipilimumab (Yervoy®)     19228   Ipilimumab (Yervoy®)     192294   Pembrolizumab (Keytruda®)     19294   Pemetrexed(Hospira)     19296   Pemetrexed(Sandoz)     19297   Pembrolizumab (Opdivo®)     19303   Panitumumab (Vectibix®)     19304   Pemetrexed (Pemfexy®)     19305   Pemetrexed (Pemfexy®)     19314   Pemetrexed (Rultua®)     19312   Rituximab (Rituxan®)     19322   Pemetrexed (Buepoint)     19323   Pemetrexed (Buepoint)     19324   Pemetrexed (Pemfexy®)     19325   Trabectedin (Yondelis®)     19326   Pemetrexed (Pemfexy®)     19317   Pemetrexed (Pemfexy®)     19308   Panitumumab (Vectibix®)     19309   Pemetrexed (Buepoint)     19314   Pemetrexed (Pemfexy®)     19325   Pemetrexed (Pemfexy®)     19326   Pemetrexed (Pemfexy®)     19327   Pemetrexed (Pemfexy®)     19338   Pemetrexed (Pemfexy®)     19349   Pemetrexed (Pemfexy®)     19354   Ado-trastuzumab emtansine (Kadcyla®)     19355   Pemetrexed (Pemfexy®)     19354   Ado-trastuzumab emtansine (Kadcyla®)     19355   Pemetrexed (Pemfexy®)     19356   Pemetrexed (Pemfexy®)     19357   Pemetrexed (Pemfexy®)     19358   Pemetrexed (Pemfexy®)     19359   Pemetrexed (Pemfexy®)     19359   Pemetrexed (Pemfexy®)     19350   Pemetrexed (Pemfexy®)     19351   Pemetrexed (Pemfexy®)     19352   Pemetrexed (Pemfexy®)     19353   Pemetrexed (Pemfexy®)     19354   Pemetrexed (Pemfexy®)     19355   Pemetrexed (Pemfexy®)     19356   Pemetrexed (Pemfexy®)     19357   Pemfexy®   Pemetrexed (Pemfexy®)     19358   Pemetrexed (Pemfexy®)     19359   Pemetrexed (Pemfexy®)     19350   Pemetrexed (Pemfexy®)     19360	J9042	Brentuximab (Adcetris®)
J9046     Bortezomib (Kryprolis®)       J9048     Bortezomib (Kyprolis®)       J9049     Bortezomib(Fresenius kabi)       J9055     Cetuximab (Erbitux®)       J9056     Bendamustine(Vivimusta)       J9058     Bendamustine(Apotex)       J9059     Bendamustine(Baxter)       J9145     Daratumumab (Darzalex®)       J9176     Elotuzumab (Empliciti®)       J9179     Eribulin Mesylate (Halaven®)       J9207     Ixabepoline (Ixempra®)       J9228     Ipilimumab (Yervoy®)       J9229     Pembrolizumab (Keytruda®)       J9294     Pemetrexed(Hospira)       J9295     Pemetrexed(Hospira)       J9296     Pemetrexed(Accord)       J9297     Pemetrexed(Sandoz)       J9299     Nivolumab (Opdivo®)       J9303     Panitumumab (Vertibix®)       J9304     Pemetrexed (Femfexy®)       J9312     Rituximab (Rituxan®)       J9312     Rituximab (Rituxan®)       J9313     Pemetrexed (Pemfexy®)       J9323     Pemetrexed (Pemrydi RTU®)       J9324     Pemetrexed (Pemrydi RTU®)       J9325     Trabectedin (Yondelis®)       J9354     Ado-trastuzumab emtansine (Kadcyla®)       Q2050     Doxorubicin, Liposomal (Doxil®)       Q5115     Rituximab-abs, biosimilar (Truxi		
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J9271       Pembrolizumab (Keytruda®)         J9294       Pemetrexed(Hospira)         J9296       Pemetrexed(Accord)         J9297       Pemetrexed(Sandoz)         J9299       Nivolumab (Opdivo®)         J9303       Panitumumab (Vectibix®)         J9304       Pemetrexed (Pemfexy®)         J9305       Pemetrexed (Pemfexy®)         J9312       Rituximab (Rituxan®)         J9314       Pemetrexed(teva)         J9322       Pemetrexed(Bluepoint)         J9323       Pemetrexed ditromethamine         J9324       Pemetrexed (Pemrydi RTU®)         J9352       Trabectedin (Yondelis®)         J9354       Ado-trastuzumab emtansine (Kadcyla®)         Q2050       Doxorubicin, Liposomal (Doxil®)         Q5107       Bevacizumab-awwb, biosimilar (Mvasi™)         Q5115       Rituximab-abbs, biosimilar (Truxima®)         Q5118       Bevacizumab-bvzr, biosimilar (Riabni®)         Q5123       Rituximab-arrx, biosimilar (Riabni®)         Q5126       Bevacizumab-maly, biosimilar (Alymsys®)	J9207	Ixabepoline (Ixempra®)
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J9299       Nivolumab (Opdivo®)         J9303       Panitumumab (Vectibix®)         J9304       Pemetrexed (Pemfexy®)         J9305       Pemetrexed (Alimta®)         J9312       Rituximab (Rituxan®)         J9314       Pemetrexed(teva)         J9322       Pemetrexed (Bluepoint)         J9323       Pemetrexed (Pemrydi RTU®)         J9352       Trabectedin (Yondelis®)         J9354       Ado-trastuzumab emtansine (Kadcyla®)         Q2050       Doxorubicin, Liposomal (Doxil®)         Q5107       Bevacizumab-awwb, biosimilar (Mvasi™)         Q5115       Rituximab-abbs, biosimilar (Truxima®)         Q5118       Bevacizumab-bvzr, biosimilar (Zirabev®)         Q5119       Rituximab-pvvr, biosimilar (Ruxience®)         Q5123       Rituximab-arrx, biosimilar (Riabni®)         Q5126       Bevacizumab-maly, biosimilar (Alymsys®)	J9296	Pemetrexed(Accord)
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Q5126 Bevacizumab-maly, biosimilar (Alymsys®)		

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