

# Mandatory Drug Wastage Program

Last Updated: 06/25/2025

## Description:

This policy provides information around establishing 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 next 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:

- Nab-paclitaxel (Abraxane)
- Tocilizumab (Actemra)
- Crizanlizumab (Adakveo)
- Brentuximab vedotin (Adcetris)
- Pemetrexed (Alimta)
- (Bevacizumab-maly) Alymsys
- Bevacizumab (Avastin)
- Infliximab-axxq (Avsola)
- Tocilizumab-anoh (Avtozma IV)
- Bevacizumab-tnjn (Avzivi)
- Belimumab (Benlysta)
- Inotuzumab ozogamicin (Besponsa)
- Blinatumomab (Blinicyto)
- Reslizumab (Cinqair)
- Burosumab-twza (Crysvita)
- Ramucirumab (Cyramza)
- Naxitamab-gqgk (Danyelza)
- Daratumumab (Darzalex)
- Datopotamab deruxtecan-dlnk (Datroway)
- Mirvetuximab soravtansine-gynx (Elahere)
- Rasburicase (Elitek)
- tagraxofusp-erzs (Elzonris)
- Elotuzumab (Empliciti)
- Fam-trastuzumab deruxtecan (Enhertu)

- Evinacumab-dgnb (Evkeeza)
- Cetuximab (Erbix)
- Melphalan (Evomela)
- Sirolimus albumin-bound nanoparticles (Fyarro)
- Givosiran (Givlaari)
- Tbo-filgrastim (Granix)
- C1 esterase inhibitor subcutaneous (Haegarda)
- Eribulin (Halaven)
- Trastuzumab (Herceptin)
- Tremelimumab-actl (Imjudo)
- Infliximab-dyyb (Inflectra)
- Ferric carboxymaltose (Injectafer)
- Ixabepilone (Ixempra)
- Cabazitaxel (Jevtana)
- Ado-trastuzumab emtansine (Kadcyla)
- Carfilzomib (Kyprolis)
- Lecanemab-irmb (Leqembi)
- Toripalimab-tpzi (Loqtorzi)
- Moxetumomab pasudotox-tdfk (Lumoxiti)
- Denileukin diftitox-cxdl (Lymphir)
- Margetuximab-cmkb (Margenza)
- Tafasitamab-cxix (Monjuvi)
- Bevacizumab awwb (Mvasi)
- Gemtuzumab ozogamicin (Mylotarg)
- Filgrastim (Neupogen)
- Axatilimab-csfr (Niktimvo)
- Filgrastim-aafi (Nivestym)
- Romiplostim (Nplate)
- Filgrastim-txid (Nypozi)
- Irinotecan liposomal (Onivyde)
- Patisiran (Onpattro)
- Lumasiran (Oxlumo)
- Paclitaxel albumin-Bound
- Enfortumab vedotin (Padcev)
- Sodium thiosulfate (Pedmark)
- Pemetrexed Accord
- Pemetrexed Bluepoint
- Pemetrexed dipotassium - avyxa (Axtle)

- Pemetrexed ditromethamine Hospira
- Pemetrexed Hospira
- Pemetrexed Sandoz
- Pemetrexed
- Pemetrexed disodium RTU (Pemrydi RTU)
- Polatuzumab (Polivy)
- Mogamulizumab-kpkc (Poteligeo)
- Epoetin alfa (Procrit/Epogen)
- Luspatercept (Rebloyzl)
- Filgrastim-ayow (Releuko)
- Infliximab (Remicade)
- Infliximab-abda (Renflexis)
- Epoetin alfa-epbx (Retacrit)
- Rituximab-arrx (Riabni)
- C1 esterase inhibitor (Ruconest)
- Rituximab (Rituxan)
- Rituximab-pvvr (Ruxience)
- Remestemcel-L-rknd (Ryoncil)
- Imetelstat (Rytelo)
- Isatuximab-irfc (Sarclisa)
- Golimumab (Simponi ARIA)
- Siltuximab (Sylvant)
- Talquetamab-tgvs (Talvey)
- Atezolizumab (Tecentriq)
- Teclistamab-cqyv (Tecvayli)
- Teprotumumab-trbw (Tepezza)
- Tisotumab vedotin-tftv (Tivdak)
- Tocilizumab-anoh (Tocilizumab IV)
- Tocilizumab-bavi (Tofidence)
- Bendamustine (Treanda)
- Sacituzumab govitecan (Trodelvy)
- Rituximab-abbs (Truxima)
- Tocilizumab-aazg (Tyenne IV)
- Teplizumab- mzw (Tziel)
- Panitumumab (Vectibix)
- Bevacizumab-adcd (Vegzelma)
- Zolbetuximab-clzb (Vyloy)
- Ipilimumab (Yervoy)

- Trabectedin (Yondelis)
- Ziv-aflibercept (Zaltrap)
- Filgrastim-sndz (Zarxio)
- Lurbinectedin (Zepzelca)
- Zanidatamab-hrii (Ziihera)
- Bevacizumab-bvzr (Zirabev)
- Loncastuximab tesirine-lpyl (Zynlonta)

## Policy:

I. Dose rounding for infused drug products to the nearest next lowest vial size if within +/- 10% of the original prescribed dose will be required unless the following medical necessity criteria are met:

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

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## References:

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### **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.)*

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