AmeriHealth Caritas
District of Columbia

To: **AmeriHealth Caritas District of Columbia Oncology Providers**

Date: **May 20, 2024**

Subject: **New Dose Rounding Policy Exception Criteria**

Dear Provider:

At AmeriHealth Caritas District of Columbia (DC), our goal is to provide quality care to our enrollees while reducing health care costs. In alignment with the position statement from the Hematology/Oncology Pharmacy Association, we have an established dose rounding policy to prevent drug waste, ensure accuracy during drug preparation, and minimize costs. Under the existing policy for drugs or biologic agents subject to dose rounding, the dose of the requested agent may be rounded down to the nearest whole vial size if the rounded dose falls within 10% of the prescribed dose. *This policy applies to adult patients only.*

AmeriHealth Caritas DC's Pharmacy and Therapeutics Committee has approved the following exception criteria for requests for drugs exceeding our dose rounding policy limits. The new exception criteria apply to the drugs and/or biologic agents below:

- Avastin (bevacizumab)
- Mvasi
- Zirabev
- Vegzelma
- Alymsys *(for oncologic indications)*

Exception Criteria

- If the requested medication is subject to other clinical prior authorization criteria, the enrollee must meet criteria for approval also.
- The provider has submitted justification why the dose-rounding will be inadequate based on the enrollee's condition and treatment history. Exceptions may include but are not limited to:
    - Enrollee is a pediatric patient (< 18 years)

    - Enrollee previously demonstrated a suboptimal or partial response to therapy at a rounded dose
    - Rounded dose is unavailable due to manufacturer supply/shortage issues
    - Provider has a documented medical reason why dose rounding is inappropriate for the enrollee
- Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.

For more information, please view the dose rounding policy on the Provider Newsletters and Updates section of the AmeriHealth Caritas DC website. If you have additional questions regarding this policy or the new exception criteria, please contact your Provider Account Executive or Provider Services at 1-202-408-2237 or 1-888- 656-2383.

Sincerely,
AmeriHealth Caritas DC

Field Name	Field Description
Prior Authorization Group Description	**Dose Rounding Policy Exception Criteria**
Drugs	**Avastin (bevacizumab), Mvasi, Zirabev, Vegzelma, Alymsys *for oncologic indications***
Covered Uses	All medically accepted indications. Medically accepted indications are defined using the following compendia resources: the Food and Drug Administration (FDA) approved indication(s) (Drug Package Insert), American Hospital Formulary Service Drug Information (AHFS-DI), and DRUGDEX Information System. The reviewer may also reference disease state specific standard of care guidelines.
Scope	Requests for drugs exceeding the health plan's dose rounding policy limits. • For drugs or biologic agents subject to dose rounding, the dose of the requested agent may be rounded down to the nearest whole vial size if the rounded dose falls within 10% of the prescribed dose. This policy applies to adult patients only.
Criteria	• If the requested medication is subject to other clinical prior authorization criteria, the member must meet criteria for approval also. • The provider has submitted justification why the dose-rounding will be inadequate based on the member's condition and treatment history. Exceptions may include but are not limited to: o Member is a pediatric patient (< 18 years) o Member previously demonstrated a suboptimal or partial response to therapy at a rounded dose o Rounded dose is unavailable due to manufacturer supply/shortage issues o Provider has a documented medical reason why dose rounding is inappropriate for the member **Medical Director/clinical reviewer may override criteria when, in his/her professional judgement, the requested item is medically necessary.**
Coverage Duration	Indefinite
Revision/Review Date	12/2023