

DRUG DETERMINATION POLICY

Title: DDP-21 Dose Rounding and Wastage

Payment Reimbursement Policy: PRP-11 Drugs and Biologicals

Effective Date: 4/26/23



Physicians Health Plan
PHP Insurance Company
PHP Service Company

Important Information - Please Read Before Using This Policy

The following policy applies to health benefit plans administered by PHP and may not be covered by all PHP plans. Please refer to the member's benefit document for specific coverage information. If there is a difference between this general information and the member's benefit document, the member's benefit document will be used to determine coverage. For example, a member's benefit document may contain a specific exclusion related to a topic addressed in a coverage policy.

Benefit determinations for individual requests require consideration of:

1. The terms of the applicable benefit document in effect on the date of service.
2. Any applicable laws and regulations.
3. Any relevant collateral source materials including coverage policies.
4. The specific facts of the particular situation.

Contact PHP Customer Service to discuss plan benefits more specifically.

1.0 Policy:

This policy describes the determination process for coverage of specific drugs.

This policy does not guarantee or approve benefits. Coverage depends on the specific benefit plan. Drug Determination Policies are not recommendations for treatment and should not be used as treatment guidelines.

2.0 Background or Purpose:

This policy was developed to provide guidance on clinically appropriate dose rounding practices and medication wastage procedures.

3.0 Clinical Determination Guidelines:

- I. Dose rounding.
 - A. General policy: medication requests may be automatically rounded up or down by 10% of the requested dose in order to fit the nearest manufacturer's strength of the requested medication for patients weighing above 10 Kg.
 - B. Exceptions [must meet one listed below]:
 1. Medications with rounding otherwise specified per Health Plan Benefit Coverage Policies (BCPs) and/or Drug Determination Policies (DDPs).
 2. Medication with clinical studies that demonstrate that rounding will cause significant reduction in efficacy or increase toxicity will not be subject to rounding.
- II. Wastage.
 - A. General policy [must meet both listed below]
 1. Medication or biological is only available in a single-use vial or single-use package (multi-dose vial is not available).

2. Medication still remains in the single use vial or package after rounding (if applicable) and administering a dose and/or quantity of the medication.

B. Procedure [must meet both listed below]:

1. Wastage (discarded units) unit calculation: separately indicate units to be administered and units to be wasted per dose, as well as total units to be administered and units of waste over the duration of the prior authorization.
2. Billing:
 - a. JW Modifier: Use to bill the wasted (discarded) units separately
 - b. JZ Modifier: Attest that there were no wasted (discarded) units. Implemented by Centers for Medicare & Medicaid Services: 1/1/23, PHP anticipated effective date: 7/1/23

C. Exclusions:

1. Overfill wastage: medication is greater than the amount identified on the package or label.
2. Dose administered is less than HCPCS billing unit (decimal units not allowed; e.g., 1.5 units).
3. Drugs available in single-use when a multi-use vial is available at the time of administration.

4.0 Coding:

None.

5.0 References, Citations, Resources & Associated Documents:

1. Dose rounding Policy (Medication and IV Therapy): Sparrow Health System Policy - effective 2/20/18.
2. Dose Rounding of Biological and Cytotoxic Anticancer Agents: A position Statement of the Hematology/Oncology Pharmacy Association 2017.
3. Dose Rounding Monoclonals Yields Windfall. Pharmacy Practice News February 7, 2017.
4. JW Modifier: Drug/biological amount discarded/not administered to any patient – frequently asked questions. Medicare Program Center for Medicare and Medicaid services. August 26, 2016, accessed June 2018.

6.0 Appendices:

None.

7.0 Revision History:

Original Effective Date: 04/25/2018

Next Review Date: 03/01/2024

Revision Date	Reason for Revision
7/19	New format
12/20	Annual review; added rounding not to be done if clinical reason exists not to, replaced abbreviations, clarified criteria instructions, approved by P&T 2/24/21
12/21	Annual Review, formatting changes
1/23	Annual review; added JZ modifier