

April 2025 Content Release Notes

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Clinical Profile Documentation

Additions

The **Problems > Add Details** area is updated with applicable documentation points for the following diagnoses.

Mismatch repair (MMR) status has been updated for **Appendix Cancer, Carcinoma, Colon Cancer, Rectal Cancer, Small Intestine Cancer, and Solid Tumors (Parent) (excluding HL/NHL/including Solid Other) w/o CRC/SI/APP** with the following documentation points:

- Deficient
- Proficient
- Unknown

Microsatellite instability (MSI) status has been updated for **Appendix Cancer, Carcinoma, Colon Cancer, Rectal Cancer, Rectosigmoid Junction Cancer, Small Intestine Cancer, and Solid Tumors (Parent) (excluding HL/NHL/including Solid Other) w/o CRC/SI/APP** with the following documentation points:

- High
- Stable
- Low
- Indeterminant
- Unknown

NTRK1/2/3 gene fusion status has been updated for **Appendix Cancer, Carcinoma, Colon Cancer, Rectal Cancer, Small Intestine Cancer, and Solid Tumors (Parent) (excluding HL/NHL/including Solid Other) w/o CRC/SI/APP** with the following documentation points:

- Postive
- Negative
- Unknown
- Other non-actionable finding

PIK3CA status is now available for documentation for **Colon Cancer** and **Rectal Cancer** with the following documentation points:

- Mutation
- Wild type

- Unknown

Lab Analytes & Panels

Additions

- Acetylcholine receptor binding ab
- Ambry DNA + RNA kit panel
- Ambry DNA only kit panel
- Androstenedione, ng/mL
- Antigen(s) to be tested
- B. burgdorferi ab, serum IA-aCnc
- B. burgdorferi ab, serum QL IA
- Desmoglein 1 antibody, RU/mL
- Desmoglein 3 antibody, RU/mL
- EBV nuclear Ag IgG, units/mL
- EBV VCA IgG, units/mL
- Factor II, DNA analysis reviewed by
- Factor VIII assay, % normal
- Fanconi's anemia DNA mutation analysis
- Fanconi's anemia DNA mutation analysis panel
- Hepatitis B surface antigen confirmation
- Invitae panel DNA + RNA kit panel
- Invitae panel DNA only kit panel
- Measles IgM, qual panel
- Measles IgM, serum
- Measles IgM, serum
- Metanephrines comment
- Metanephrines, urine 24 hr comment
- Mutated citrullinated vimentin (MCV) Ab, U/mL
- Neutrophil gelatinase associated lipocalin (NGAL)
- Neutrophil gelatinase associated lipocalin (NGAL) panel
- NorthStar liquid biopsy kit panel
- Oncodetect MRD, Exact Sciences
- Onkosight advanced NGS myeloid clinical trials 1

- Osmolality, stool, mOsm/kg
- Osmotic gap, stool, mOsm/kg
- Pap smear infection
- PAP smear, SurePath general categorization
- PAP smear, SurePath infection
- PNH Mono, %
- Pre cortisol, ug/dL
- Protein, total w/creat, random urine panel
- RBC band 3 protein reduction
- RBC band 3 protein reduction panel
- RPR interpretation
- SurePath imaging pap and HPV mRNA E6/E7 panel
- Tempus xG DNA + RNA kit panel
- Tempus xG DNA only kit panel
- Tempus xG plus CancerNext expanded + rmain sight panel
- Tempus xG plus CancerNext expanded amendment panel
- Tempus xT PD-L1 28-8 panel
- Tempus xT PD-L1 SP263 panel
- Ventana CLDN18 (43-14A) assay panel
- Ventana pathway HER2 (4B5) panel
- Vitamin K

Medications

Additions

- AU-007 invest IV
- BBO-11818 invest Oral
- CID-078 invest Oral
- HER3-DXd invest IV
- HLX22 invest IV
- HQP1351 invest Oral
- Magic Mouthwash NAHOA (Diphenhydramine/Dexamethasone/Lidocaine)
- Mezagitamab invest (TAK-079 invest Subcutaneous)
- Olverembatinib invest (HQP1351 invest Oral)
- TAK-079 invest Subcutaneous
- VT3989 invest Oral

- WTX-124 invest IV

Updates

Medications	Updates
ABBV-383 invest IV	<p>New Alias available:</p> <ul style="list-style-type: none"> • Etentamig invest
ABBV-400 invest IV	<p>New Alias available:</p> <ul style="list-style-type: none"> • Telisotuzumab Adizutecan invest <p>New Form available:</p> <ul style="list-style-type: none"> • 100 mg recon soln • 70 mg recon soln <p>Obsolete Form:</p> <ul style="list-style-type: none"> • 100 mg solution <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 0.6 mg/kg intravenously once • 1.2 mg/kg intravenously once • 2 mg/kg intravenously once • 2.4 mg/kg intravenously once <p>New Instructions available: “See Pharmacy Manual for preparation, handling, and administration, observation guidance.”</p>
ACE2016 invest IV	<p>New Dose Unit available:</p> <ul style="list-style-type: none"> • mL
AK117 invest IV	<p>New Form available:</p> <ul style="list-style-type: none"> • 500 mg/10 mL (50 mg/mL) solution
Aldesleukin Subcutaneous	<p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 5,000 IU/kg subcutaneously once • 15,000 IU/kg subcutaneously once • 45,000 IU/kg subcutaneously once • 135,000 IU/kg subcutaneously once • 270,000 IU/kg subcutaneously once • 500,000 IU/kg subcutaneously once

Capecitabine invest Oral	<p>New Forms available:</p> <ul style="list-style-type: none"> • 75 mg tablet • 150 mg tablet • 500 mg tablet <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 1,000 mg/m² orally 2 times per day
Mirdametinib Oral	<p>New Maximum Single Dose available:</p> <ul style="list-style-type: none"> • 4 mg <p>New Sig Options available:</p> <ul style="list-style-type: none"> • Mirdametinib oral 1 mg capsule, 1 capsule orally 2 times per day. For BSA 0.4 to 0.69. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 1 mg capsule, 1 mg orally 2 times per day. For BSA 0.4 to 0.69. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 2 mg capsule, 1 capsule orally 2 times per day. For BSA 0.7 to 1.04. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 2 mg capsule, 2 mg orally 2 times per day. For BSA 0.7 to 1.04. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 1 mg capsule, 3 capsule orally 2 times per day. For BSA 1.05 to 1.49. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 1 mg capsule, 3 mg orally 2 times per day. For BSA 1.05 to 1.49. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 1 mg capsule, 1 mg orally 2 times per day (with 2 mg capsule for total 3 mg twice daily). For BSA 1.05 to 1.49. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 2 mg capsule, 2 mg orally 2 times per day (with 1 mg capsule for total 3 mg twice daily). For BSA 1.05 to 1.49. Take on days 1-21 of a 28-day cycle. • Mirdametinib oral 2 mg capsule, 2 capsule orally 2 times per day. For BSA 1.5 or greater. Take on days 1-21 of a 28-day cycle.

	<ul style="list-style-type: none"> Mirdametinib oral 2 mg capsule, 4 mg orally 2 times per day. For BSA 1.5 or greater. Take on days 1-21 of a 28-day cycle.
PCS6422 invest Oral	<p>New Form available:</p> <ul style="list-style-type: none"> 20 mg capsule
Rituximab IV	<p>New Instructions available:</p> <p>“Dilute with NS to a final concentration of 1-4 mg/mL. First Infusion: Administer at an initial rate of 50 mg/hr. If no infusion-related events occur, increase rate by 50 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. Subsequent Infusions: Administer at an initial rate of 100 mg/hr. If no infusion-related events occur, increase rate by 100 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. If patient tolerates at least one dose at standard infusion rate and meets criteria, may consider rapid infusion in accordance with the Rituximab Rapid Infusion Protocol and/or local standards. NOTE: This is Rituxan.”</p>
Rituximab-abbs IV	<p>New Instructions available:</p> <p>“Dilute with NS to a final concentration of 1-4 mg/mL. First Infusion: Administer at an initial rate of 50 mg/hr. If no infusion-related events occur, increase rate by 50 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. Subsequent Infusions: Administer at an initial rate of 100 mg/hr. If no infusion-related events occur, increase rate by 100 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. If patient tolerates at least one dose at standard infusion rate and meets criteria, may consider rapid infusion in accordance with the Rituximab Rapid Infusion Protocol and/or local standards. NOTE: This is Truxima.”</p>

<p>Rituximab-arrx IV</p>	<p>Updated Instructions:</p> <p>“Dilute with NS to a final concentration of 1-4 mg/mL. First Infusion: Administer at an initial rate of 50 mg/hr. If no infusion-related events occur, increase rate by 50 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. Subsequent Infusions: Administer at an initial rate of 100 mg/hr. If no infusion-related events occur, increase rate by 100 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. If patient tolerates at least one dose at standard infusion rate and meets criteria, may consider rapid infusion in accordance with the Rituximab Rapid Infusion Protocol and/or local standards. NOTE: This is Riabni.”</p>
<p>Rituximab-pvvr IV</p>	<p>Updated Instructions:</p> <p>“Dilute with NS to a final concentration of 1-4 mg/mL. First Infusion: Administer at an initial rate of 50 mg/hr. If no infusion-related events occur, increase rate by 50 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. Subsequent Infusions: Administer at an initial rate of 100 mg/hr. If no infusion-related events occur, increase rate by 100 mg/hr increments every 30 minutes to a maximum rate of 400 mg/hr. If patient tolerates at least one dose at standard infusion rate and meets criteria, may consider rapid infusion in accordance with the Rituximab Rapid Infusion Protocol and/or local standards. NOTE: This is Ruxience.”</p>
<p>RO7198457 invest IV</p>	<p>New Form available:</p> <ul style="list-style-type: none"> • 21 mcg/mL solution <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 12 mcg intravenously once • 15 mcg intravenously once • 20 mcg intravenously once <p>New Instructions available: “DO NOT DILUTE 21 mcg/mL product.”</p>

	See Pharmacy Manual for preparation, handling, and administration, observation guidance.”
Vimseltinib Dose Pack 14 mg	<p>New Max Single Dose available:</p> <ul style="list-style-type: none"> • 14 mg <p>New default SIG available:</p> <ul style="list-style-type: none"> • 14 mg orally 2 times per week <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 14 mg orally As Directed
Vimseltinib Dose Pack 20 mg	<p>New Max Single Dose available:</p> <ul style="list-style-type: none"> • 20 mg <p>New default SIG available:</p> <ul style="list-style-type: none"> • 20 mg orally 2 times per week <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 20 mg orally As Directed
Vimseltinib Dose Pack 30 mg	<p>New Max Single Dose available:</p> <ul style="list-style-type: none"> • 30 mg <p>New default SIG available:</p> <ul style="list-style-type: none"> • 30 mg orally 2 times per week <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 30 mg orally As Directed
Vimseltinib Oral	<p>New Max Single Dose available:</p> <ul style="list-style-type: none"> • 30 mg <p>New default SIG available:</p> <ul style="list-style-type: none"> • 30 mg orally 2 times per week <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 0 dose pk orally As Directed • 0 dose pk orally per package directions
ZN-c3 invest Oral	<p>New Alias available:</p> <ul style="list-style-type: none"> • Azenosertib invest <p>New Form available:</p> <ul style="list-style-type: none"> • 50 mg tablet <p>New Quick Sig Pick available:</p> <ul style="list-style-type: none"> • 250 mg orally daily • 350 mg orally daily • 400 mg orally daily

Regimen Library

Additions

Regimen Name	Diagnosis
Capecitabine D1-14 + Cisplatin + Nivolumab SQ Q21D	Esophageal Cancer (Parent)
Capecitabine D1-14 + Oxaliplatin (XELOX/CAPOX) + Nivolumab SQ Q21D	Esophageal Cancer (Parent); Gastric Cancer
Gemcitabine + Dacarbazine Q14D	Sarcoma, Soft Tissue (Parent)
Intrathecal Topotecan D1,4,8,11	Brain Tumor (Parent)
Intrathecal Topotecan D1,8 (Consolidation)	Brain Tumor (Parent)
Isatuximab-irfc IV + Lenalidomide + Bortezomib + Dexamethasone (RVD) Q42D (Induction, non-transplant candidates)	Multiple Myeloma (MM)
Mirdametinib D1-21 Q28D	Brain Tumor (Parent)
Momelotinib + Darbepoetin alfa Q7D (Myelofibrosis)	Myelofibrosis; Myeloproliferative Disorder
Momelotinib + Epoetin alfa Q7D (Myelofibrosis)	Myelofibrosis; Myeloproliferative Disorder
Momelotinib + Luspatercept-aamt Q21D (Myelofibrosis)	Myelofibrosis; Myeloproliferative Disorder
Nivolumab SQ + Gemcitabine D1,8 + Carboplatin Q21D (Neoadjuvant NSCLC)	Lung Cancer, Non-small Cell (NSCLC)
Nivolumab SQ + Gemcitabine D1,8 + Cisplatin Q21D (Neoadjuvant NSCLC)	Lung Cancer, Non-small Cell (NSCLC)
Nivolumab SQ + Paclitaxel + Cisplatin Q21D (Neoadjuvant NSCLC)	Lung Cancer, Non-small Cell (NSCLC)
Nivolumab SQ D1,15 + Fluorouracil CIV D1-5 + Cisplatin Q28D	Esophageal Cancer (Parent)
Nivolumab SQ Q14D (Adjuvant Melanoma, Esophageal, Bladder)	Bladder Cancer; Esophageal Cancer (Parent); Melanoma, Skin; Renal Pelvis and Ureter Cancer; Urethral Cancer
Nivolumab SQ Q28D (Perioperative Esophageal, Gastric)	Esophageal Cancer (Parent); Gastric Cancer
Obinutuzumab D1 fb Glofitamab-gxbm (Columvi) D8,15 fb D1 Q21D (MCL)	Lymphoma, Non-Hodgkin (NHL) (Parent)

Regimen Name	Diagnosis
Pentamidine IV Q28D Supportive Care	All Malignancies
Retifanlimab-dlwr + Paclitaxel D1,8,15 + Carboplatin Q28D fb Retifanlimab-dlwr Q28D	Anal Cancer (Parent)

Updates

Regimens for the following diagnoses have been updated based on the Collaborative Care Committee voting. Changes include but are not limited to reference update, drug infusion instruction updates, renaming of regimens, premedication template updates and number of cycles.

- All Problems
- Arthritis, Rheumatoid
- Breast Cancer
- Head and Neck Cancer (Parent)
- Hemolytic Uremic Syndrome
- Leukemia, Acute Myeloid (AML)
- Leukemia, Chronic Myelomonocytic (CMML)
- Myasthenia Gravis
- Myelodysplastic Syndrome (MDS)
- Myelofibrosis
- Paroxysmal Nocturnal Hemoglobinuria

Removals

Regimen Name	Diagnosis
Nivolumab + Ipilimumab + Pemetrexed + Cisplatin Q21D	Lung Cancer, Non-small Cell (NSCLC)

Billing & HCPCS Codes

Updates

Medication	HCPCS Codes
Aminocaproic Acid IV	J0281 per 1000 mg
Buprenorphine Subcutaneous ER Solution (Sublocade)	Q9991 per 100 mg
Buprenorphine Subcutaneous ER Solution (Sublocade)	Q9992 per 100 mg
COVID vaccine (Novavax)-adjuv-matrix (PF) IM (12 yrs & older) (EUA)	91304 per 0.5 mL
Fitusiran Subcutaneous	J3490 per 20 mg
Fitusiran Subcutaneous Pen Injector	J3490 per 50 mg
Hepatitis B Virus Vaccine (PF) IM	90740 per 1 mL
Hepatitis B Virus Vaccine (PF) Subcutaneous	90747 per 1 mL
Ifosfamide IV	J9208 per 1000 mg
Magnesium Sulfate IM	J3475 per 0.5 g
Magnesium Sulfate IV	J3475 per 0.5g
Proteinase Inhibitor (Human) IV (Glassia)	J0256 per 10 mg
Proteinase Inhibitor (Human) IV (Glassia)	J0257 per 10 mg
Revakinagene taroretcel-lwey Intravitreal	J3590 per 1 implant
Sulfamethoxazole 5 mg and trimethoprim 1 mg	J2865 per 6 mg
Ustekinumab-aekn IV	Q9998 per 1 mg

NDC – HCPCS Crosswalk

Additions

Medication (Brand)	HCPCS Codes	NDC
Hepatitis B Virus Vaccine (PF) IM (Engerix-B)	90740	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52

Medication (Brand)	HCPCS Codes	NDC
Hepatitis B Virus Vaccine (PF) Subcutaneous (Engerix-B)	90740	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52
Hepatitis B Virus Vaccine (PF) IM (Engerix-B)	90746	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52
Hepatitis B Virus Vaccine (PF) Subcutaneous (Engerix-B)	90746	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52
Hepatitis B Virus Vaccine (PF) IM (Engerix-B)	90747	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52
Hepatitis B Virus Vaccine (PF) Subcutaneous (Engerix-B)	90747	58160-0821-01 58160-0821-11 58160-0821-43 58160-0821-52
Hepatitis B Virus Vaccine (PF) IM (Recombivax HB)	90743	00006-4094-01 00006-4094-02 00006-4995-00 00006-4995-01 00006-4995-41
Hepatitis B Virus Vaccine (PF) Subcutaneous (Recombivax HB)	90743	00006-4094-01 00006-4094-02 00006-4995-00 00006-4995-01 00006-4995-41
Hepatitis B Virus Vaccine (PF) IM (Recombivax HB)	90746	00006-4995-00 00006-4995-01 00006-4995-41
Hepatitis B Virus Vaccine (PF) Subcutaneous (Recombivax HB)	90746	00006-4995-00 00006-4995-01 00006-4995-41

Medication (Brand)	HCPCS Codes	NDC
Hepatitis B Virus Vaccine (PF) IM (Recombivax HB)	90740	00006-4992-00 00006-4992-01
Hepatitis B Virus Vaccine (PF) Subcutaneous (Recombivax HB)	90740	00006-4992-00 00006-4992-01
Hepatitis B Virus (PF) IM (Recombivax HB)	90747	00006-4992-00 00006-4992-01
Hepatitis B Virus Vaccine (PF) IM (Recombivax HB)	90747	00006-4992-01
Hepatitis B Virus Vaccine (PF) Subcutaneous (Recombivax HB)	90747	00006-4992-00 00006-4992-01