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## Lab Analytes, Panels and Other Services

### Additions and Updates

- Alpha 2 macroglobulins, quant
- Alpha-2-macroglobulin, mg/dL
- Altera tumor profiling
- Apolipoprotein A-1
- BCL2 translocation, t(14;18) panel
- Bilirubin, total
- BRAF V600 mutation
- Calreticulin (CALR) mutation reference
- Caris MI profile
- Caris MI profile PDF
- Caris MI profile summary report
- CBC w/ auto diff/IPF
- CBC w/ Diff/IPF
- CD57, CD3, CD8, flow cytometry panel
- CD57+/CD3- absolute, cells/uL
- CD57+/CD3-, % lymphs
- CD57+/CD3-, % WBC
- CD57+/CD3-/CD8- absolute, cells/uL
- CD57+/CD3-/CD8-, % lymphs
- CD57+/CD3-/CD8-, % WBC
- CD57+/CD8- absolute, cells/uL
- CD57+/CD8-, % lymphs
- CD57+/CD8-, % WBC
- CENP A Ab, SI
- CENP B Ab, SI
- Centromere protein A Ab, SI
- Centromere protein B Ab, SI
- Complete blood count w/ Diff/IPF
- Empower hereditary cancer test
- ETV6-RUNX1 (TEL-AML1) translocation, t(12;21) panel
- Fibrillarin Ab, SI
- Fibrosis interpretationSignatera (MRD)
- Fibrosis score
- Fibrosis stage
- GGTTH/TO Ab, SI
- Haptoglobin
- Immature platelet fraction, %
- InVisionFirst(R)-Lung panel
- IPF panel
- IPF, %
- JAK2 Exon 12-13 mutation analysis panel
- JAK2 V617F mutation analysis reflex to JAK2 Exon 12-13 panel
- Liver fibrosis panel footnote
- Liver fibrosis reference ID
- Myeloid NGS analysis panel (47)
- Natera Altera tumor profilin
- Necroinflammatory activity grade
- Necroinflammatory activity score
- Necroinflammatory interpretation
- NeoLAB(R) Solid tumor liquid biopsy comments
- NeoLAB(R) Solid tumor liquid biopsy panel
- NeoLAB(R) Solid tumor liquid biopsy PDF
- PM/SCL 100 Ab, SI
- PM/SCL 75 Ab, SI
- Promethazine, WB
- Promethazine, WB panel
- Ristocetin cofactor, % normal
- Ristocetin induced platelet aggregation panel
- RNA polymerase III RP11 Ab, SI
- RNA polymerase III RP155 Ab, SI
- RP11 Ab, SI
- RP155 Ab, SI
- SCL-70 Ab, SI
- SCL-70 extractable nuclear Ab, SI
- STAT3 mutation analysis panel
- Systemic sclerosis (Scleroderma) 12 Ab panel 2
- Troponin I, ng/L
- U1 small nuclear ribonucleoprotein 70kD Ab, SI
- U1 small nuclear ribonucleoprotein A Ab, SI
- U1 small nuclear ribonucleoprotein C Ab, SI
- U1 SNRNP RNP 70kD Ab, SI
- U1 SNRNP RNP A Ab, SI
- U1 SNRNP RNP C Ab, SI
- Vancomycin sensitivity

## Imaging and Other Services

- CT abdomen/pelvis w/ IV contrast ONLY
- Mediport removal

## Medications

### Additions

- 177Lu-PNT2002 invest IV
- ADXS11-001 invest IV
- Anifrolumab-fnia IV (Saphnelo)
- BI 1701963 invest Oral
- BI 1810631 invest Oral
- BI 1823911 invest Oral
- Cinrebafusp alfa invest IV
- CPO-100 invest IV
- DT2216 invest IV
- FL-101 invest IV
- GS-1811 invest IV
- HH2710 invest Oral
- NM21-1480 invest IV
- Omeprazole Compounded Solution Oral
- Paxalisib invest Oral
- PLX8394 invest Oral
- RTX-321 invest IV
- Trace Elements 4 IV
- TRK-950 invest IV
- VAL-083 invest IV

### Updates

Drug	Changes
CTX-471 invest IV	Added <b>Instructions</b> : Stored at -20 degrees C. Pre-medicate with Acetaminophen and DiphenhydrAMINE 30-60 minutes prior to infusion. CTX-471 is diluted in 500 mL normal saline. Administer over 1 hour (+/- 5 minutes). Post observation x 6 hrs for the first 2 treatments. Then 1-hour post observation.
Cyclosporine Oral	Added <b>Sigs</b> : <ul style="list-style-type: none"> <li>• 0 mg/kg orally every 12 hours</li> <li>• 0 mg/kg orally once</li> </ul>
ERAS-007 invest Oral	Added <b>Form</b> : 25 mg Tablet
Ferumoxytol IV	Added <b>Unit</b> : mg/kg

Drug	Changes
Melphalan flufenamide IV	<ul style="list-style-type: none"> <li>Added <b>Sigs</b>: <ul style="list-style-type: none"> <li>20 mg intravenously Piggyback As Directed; administer over 30 mins</li> <li>30 mg intravenously Piggyback As Directed; administer over 30 mins</li> <li>40 mg intravenously Piggyback As Directed; administer over 30 mins</li> </ul> </li> <li>Updated <b>instructions</b>: Dilute in refrigerated NS to a total volume of 250 mL with a final concentration of 0.1 mg/mL to 0.16 mg/mL. Mix the diluted solution by gentle inversion. Do not shake. See product Prescribing Information for detailed storage and administration timelines. Administer via a central venous access device. Allow infusion bag to reach room temperature prior to infusion. Flush central catheter after infusion. NOTE: This is Pepaxto.</li> </ul>
ORIC-101 invest Oral	Added <b>Form</b> : 40 mg Tablet
Rivaroxaban Oral Starter Pack	Set default <b>Sig</b> : 1 tabs orally As Directed; Days 1-21: Take 15 mg by mouth twice daily with food. Days 22-30; 20 mg by mouth daily with food.
Semaglutide (weight loss) Subcutaneous Pen Injector	Added <b>Sig</b> : 2.4 mg subcutaneously every 2 weeks; quantity sufficient for 28 days
SQL70 invest Intratumoral	Updated <b>sig routes</b> : <ul style="list-style-type: none"> <li>T3011 1x10e6 pfu/ml invest Intratumoral – updated to intralesional</li> <li>T3011 1x10e7 pfu/ml invest Intratumoral – updated to intralesional</li> <li>T3011 1x10e8 pfu/ml invest Intratumoral – updated to intralesional</li> <li>T3011 5x10e7 pfu/ml invest Intratumoral – updated to intralesional</li> </ul>
Sodium Chloride Oral	Suppressed <b>historical sigs</b> and added <b>new sigs</b> : <ul style="list-style-type: none"> <li>1 tabs orally 1 to 4 times daily prn electrolyte replenishment</li> <li>1 tabs orally 3 times per day</li> <li>1 tabs orally 4 times per day prn electrolyte replenishment</li> <li>1 tabs orally 4 to 6 times per day prn electrolyte replenishment</li> <li>1 tabs orally every 15 minutes</li> </ul>
Zofran (Ondansetron Oral)	Added <b>Sigs</b> : <ul style="list-style-type: none"> <li>4 mg orally every 8 hours</li> <li>8 mg orally every 8 hours</li> <li>24 mg orally every 8 hours</li> </ul>

## Admix Fluid Addition

0.9 % Sodium Chloride (Excel)

## Supply Addition

Scalp Cooling

## Regimen

This section does not include clinical trials.

iKnowMed Generation 2 is now using the new version 2017071 of the NCPDP SCRIPT standard.

The list of allowed units for dispense quantity has been reduced, impacting regimens a RX where the dispense unit has been retired. Over the next several months, applicable regimen templates with an identified UOM will be updated, accordingly.

### **Collaborative Care Committee (CCC) announces several high-impact updates.**

Pertuzumab-containing regimen templates have been updated to **remove the observation period following pertuzumab maintenance doses** but will maintain observation following the loading dose. This change is based on data demonstrating low frequency of infusion reactions and elimination of observation periods following pertuzumab did not lead to increased infusion reactions.

Due to high rates of nausea and vomiting in clinical trials, CCC discussed and voted to add and **pre-check ondansetron and olanzapine** prescriptions in selinexor-containing regimen templates with this content release.

Hepatitis B Screening Algorithm documentation has been **updated** to align with [ASCO 2020 Guidelines](#) and also includes interpretation of hepatitis B lab results, this information can be found on My Oncology Workspace.

## Additions

- Cisplatin + XRT Q7D (Bladder)
- Belumosudil Q30D
- Capecitabine D1-14 + Cisplatin + Pembrolizumab Q21D
- Capecitabine D1-14 + Cisplatin + Trastuzumab IV + Pembrolizumab Q21D
- Capecitabine D1-14 + Cisplatin + Trastuzumab IV BIOSIMILAR + Pembrolizumab Q21D
- Lenalidomide D1-21 + Rituximab IV C1,3,5 Q28D (Part 2 of 2: Maintenance)
- Lenalidomide D1-21 + Rituximab IV BIOSIMILAR C1,3,5 Q28D (Part 2 of 2: Maintenance)

## Removals

- Gemcitabine D1,8 + Carboplatin + Bevacizumab BIOSIMILAR Q21D (Bevacizumab Continuation)
- Gemcitabine D1,8 + Carboplatin + Bevacizumab Q21D (Bevacizumab Continuation)

## 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.

- Bile Duct Cancer (Parent)
- Bladder Cancer
- Cervical Cancer
- Esophageal Cancer (Parent)
- Fallopian Tube Cancer
- Gastric Cancer
- Head and Neck Cancer (Parent)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Lymphoma, Hodgkin (HL)
- Multiple Myeloma (MM)
- Ovarian and Primary Peritoneal Cancer
- Renal Pelvis and Ureter Cancer
- Testicular Cancer (Parent)
- Urethral Cancer

## Renames

Previous Name	New Name
Doxorubicin + Cyclophosphamide (AC) Q21D fb Docetaxel + Pertuzumab + Trastuzumab IV Q21D	Doxorubicin + Cyclophosphamide (AC) Q21D fb Docetaxel + Pertuzumab IV + Trastuzumab IV Q21D
Doxorubicin + Cyclophosphamide (AC) Q21D fb Docetaxel + Pertuzumab + Trastuzumab IV BIOSIMILAR Q21D	Doxorubicin + Cyclophosphamide (AC) Q21D fb Docetaxel + Pertuzumab IV + Trastuzumab IV BIOSIMILAR Q21D
Doxorubicin + Cyclophosphamide (AC) Q21D fb Paclitaxel D1,8,15 + Pertuzumab + Trastuzumab IV Q21D	Doxorubicin + Cyclophosphamide (AC) Q21D fb Paclitaxel D1,8,15 + Pertuzumab IV + Trastuzumab IV Q21D
Doxorubicin + Cyclophosphamide (AC) Q21D fb Paclitaxel D1,8,15 + Pertuzumab + Trastuzumab IV BIOSIMILAR Q21D	Doxorubicin + Cyclophosphamide (AC) Q21D fb Paclitaxel D1,8,15 + Pertuzumab IV + Trastuzumab IV BIOSIMILAR Q21D
Docetaxel + Carboplatin + Trastuzumab IV (TCH) + Pertuzumab Q21D	Docetaxel + Carboplatin + Trastuzumab IV (TCH) + Pertuzumab IV Q21D
Docetaxel + Carboplatin + Trastuzumab IV BIOSIMILAR (TCH) + Pertuzumab Q21D	Docetaxel + Carboplatin + Trastuzumab IV BIOSIMILAR (TCH) + Pertuzumab IV Q21D
Gemcitabine D1,8 + Carboplatin + Dexamethasone D1-4 Q21D (GCD)	Gemcitabine D1,8 + Carboplatin + Dexamethasone D1-4 (GCD) Q21D
Gemcitabine D1,8 + Oxaliplatin D1 Q21D	Gemcitabine D1,8 + Oxaliplatin Q21D
Lenalidomide D1-21 + Rituximab IV fb SQ Cycle 1 D1,8,15,22 Q28D	Lenalidomide D1-21 + Rituximab IV fb SQ C1 D1,8,15,22 Q28D
Paclitaxel IVPB D1 + Cisplatin IP D2 + Paclitaxel IP D8 Q21D	Paclitaxel IVPB + Cisplatin IP D2 + Paclitaxel IP D8 Q21D
Panobinostat D1,3,5,15,17,19 + Lenalidomide D1-21 + Dexamethasone D1,8,15 Q28D	Panobinostat D1,3,5,15,17,19 + Lenalidomide D1- 21 + Dexamethasone Q28D
Pertuzumab + Trastuzumab IV + Docetaxel Q21D	Pertuzumab IV + Trastuzumab IV + Docetaxel Q21D

Previous Name	New Name
Pertuzumab + Trastuzumab IV BIOSIMILAR + Docetaxel Q21D	Pertuzumab IV + Trastuzumab IV BIOSIMILAR + Docetaxel Q21D
Pertuzumab + Trastuzumab IV + Paclitaxel D1,8,15 Q21D	Pertuzumab IV + Trastuzumab IV + Paclitaxel D1,8,15 Q21D
Pertuzumab + Trastuzumab IV BIOSIMILAR + Paclitaxel D1,8,15 Q21D	Pertuzumab IV + Trastuzumab IV BIOSIMILAR + Paclitaxel D1,8,15 Q21D
Trastuzumab IV + Pertuzumab Q21D (Colon, Rectal)	Trastuzumab IV + Pertuzumab IV Q21D (Colon, Rectal)
Pertuzumab + Trastuzumab IV Q21D (following Pertuzumab + Trastuzumab + Taxane regimens)	Pertuzumab IV + Trastuzumab IV Q21D (following Pertuzumab + Trastuzumab + Taxane regimens)
Pertuzumab + Trastuzumab IV BIOSIMILAR Q21D (following Pertuzumab + Trastuzumab + Taxane regimens)	Pertuzumab IV + Trastuzumab IV BIOSIMILAR Q21D (following Pertuzumab + Trastuzumab + Taxane regimens)
Selinexor + Dexamethasone D1,3,8,10,15,17,22,24 Q28D	Selinexor D1,3,8,10,15,17,22,24 + Dexamethasone Q28D
Trastuzumab IV + Pertuzumab Q21D Maintenance (following non-TCH regimens)	Trastuzumab IV + Pertuzumab IV Q21D Maintenance (following non-TCH regimens)
Trastuzumab IV BIOSIMILAR + Pertuzumab Q21D Maintenance (following non-TCH regimens)	Trastuzumab IV BIOSIMILAR + Pertuzumab IV Q21D Maintenance (following non-TCH regimens)
Trastuzumab SQ + Pertuzumab Q21D Maintenance (following non-TCH regimens)	Trastuzumab SQ + Pertuzumab IV Q21D Maintenance (following non-TCH regimens)
Trastuzumab IV + Pertuzumab Q21D Maintenance (following TCH + Pertuzumab regimens)	Trastuzumab IV + Pertuzumab IV Q21D Maintenance (following TCH + Pertuzumab regimens)
Trastuzumab IV BIOSIMILAR + Pertuzumab Q21D Maintenance (following TCH + Pertuzumab regimens)	Trastuzumab IV BIOSIMILAR + Pertuzumab IV Q21D Maintenance (following TCH + Pertuzumab regimens)
Trastuzumab SQ + Pertuzumab Q21D Maintenance (following TCH + Pertuzumab regimens)	Trastuzumab SQ + Pertuzumab IV Q21D Maintenance (following TCH + Pertuzumab regimens)

## Research

### Additions

To support Data Migration, applicable clinical trial regimens for US Oncology Research have been migrated and modified for customers migrating from iKnowMed Generation 1 to iKnowMed Generation 2.

## Updates

iKnowMed Generation 2 is now using the new version 2017071 of the NCPDP SCRIPT standard.

The list of allowed units for dispense quantity has been reduced, impacting regimens a RX where the dispense unit has been retired. Over the next several months, applicable regimen templates with an identified UOM will be updated, accordingly.

USOR	Updated Reference Information			
	Updated Drug Service Order Information			
	Updated Regimen Instructions			
	Other Changes			
17133	X			
18013	X		X	The following regimens are no longer available for ordering: <ul style="list-style-type: none"> <li>USOR 18013 Part A Brentuximab Vedotin + Doxorubicin + Vinblastine + Dacarbazine (A+AVD) D1,15 Q28D</li> <li>USOR 18013 Part B Brentuximab Vedotin + Nivolumab + Doxorubicin + Dacarbazine (AN+AD) D1,15 Q28D</li> </ul>
18119		X	X	
18194		X		
19054	X	X		
19062	X	X	X	The following regimen is <b>now available</b> for ordering: USOR 19062 Tazemetostat or Placebo BID + Lenalidomide D1-21 + Rituximab IV BIOSIMILAR Q28D
19174		X	X	
19239	X	X	X	
20155	X			The following regimens are <b>now available</b> for ordering: <ul style="list-style-type: none"> <li>USOR 20155 LY3484356 + Pertuzumab + Trastuzumab IV Q21D</li> <li>USOR 20155 LY3484356 + Pertuzumab + Trastuzumab IV BIOSIMILAR Q21D</li> <li>USOR 20155 LY3484356 + Pertuzumab IV + Trastuzumab SQ Q21D</li> </ul>
20172	X			The following regimens are <b>no longer available</b> for ordering: <ul style="list-style-type: none"> <li>USOR 20172 Cohort H Enfortumab Vedotin D1,8 Q21D</li> <li>USOR 20172 Cohort J Enfortumab Vedotin D1,8 + Pembrolizumab D1 Q21D</li> </ul>
20177	X		X	
20216	X			
20229	X	X		
20245	X			The following regimen is <b>now available</b> for ordering: USOR 20245 Seribantumab D1,8,15,22 Q28D
20249	X	X		
20250	X	X	X	
20258	X	X	X	
20305	X		X	
20307	X			
20308	X		X	

USOR	Updated Reference Information		
	Updated Drug Service Order Information		
	Updated Regimen Instructions		
	Other Changes		
20364	X	X	
20386	X		X
20414	X	X	
21194	X	X	X

## Billing: HCPCS Codes Updates

Financial Approval Required is checked for all medications listed below.

Medication	HCPCS Code
Anifrolumab-fnia IV (Saphnelo)	J3590 per 300 mg
Avalglucosidase alfa-ngpt IV	J3590 per 100 mg
Influenza Virus Vaccine (PF) IM Quad-Split (2yr & older) Cell Derived	90674 per 0.5 mL
Influenza Virus Vaccine IM Quad-Split (2yr & older) Cell Derived	90756 per 0.5 mL
Pegcetacoplan Subcutaneous (Empaveli)	J3490 per 1080 mg
Piflufolastat F 18 IV (Pylarify)	A9597 per 333 MBq
Pneumococcal 20-Val Conj-Dip Crm (PF) IM	90677 per 0.5 mL
Levonorgestrel Intrauterine (Kyleena)	J7296 per 1 insert
Levonorgestrel Intrauterine (Skyla)	J7301 per 1 device J7301 per 1 insert