June 30, 2021

Contents

Clinical Profile: Problems

The Problems > Add Details area has been updated with applicable documentation points for the following diagnosis, **Lung Cancer, Non-small Cell (NSCLC)**.

- EGFR expression > Added Exon 20 insertion mutation positive
- KRAS gene > Renamed G12 activating mutation to KRAS G12C activating mutation to align with FDA

The following items are available for documentation in **Problems** and appear on the **Charge Capture Report** (CCR). *Additional ICD10 codes may display to present the surrounding nodes.

Problem	ICD10 Code Choice(s)*
Breast cancer genetic marker of susceptibility positive	Z15.01 - Genetic susceptibility to malignant neoplasm of breast Z15.02 - Genetic susceptibility to malignant neoplasm of ovary Z15.04 - Genetic susceptibility to malignant neoplasm of endometrium Z15.09 - Genetic susceptibility to other malignant neoplasm Z15.81 - Genetic susceptibility to multiple endocrine neoplasia [MEN] Z15.89 - Genetic susceptibility to other disease
Disorder of bone	M94.8X9 - Other specified disorders of cartilage, unspecified sites M94.9 - Disorder of cartilage, unspecified
Pelvic Mass	R19.00 - Intra-abdominal and pelvic swelling, mass and lump, unspecified site R19.03 - Right lower quadrant abdominal swelling, mass and lump R19.04 - Left lower quadrant abdominal swelling, mass and lump R19.07 - Generalized intra-abdominal and pelvic swelling, mass and lump R19.09 - Other intra-abdominal and pelvic swelling, mass and lump

Lab Analyte & Panel Additions and Updates

- ACPP
- Albumin
- Aquaporin-4 (AQP4) Ab comments
- Aquaporin-4 (AQP4) Ab interpretation
- Aquaporin-4 (AQP4) Ab methods
- Aquaporin-4 (AQP4) Ab references
- Aquaporin-4(AQP4) technical results
- Bence-Jones protein type
- Beta-hydroxybutyrate panel
- Beta-hydroxybutyrate, serum, mg/dL
- BMP POC
- C. pneumoniae interpretation
- C. Trachomatis Interpretation
- Carbohydrate deficient transferrin
- CDT
- CDT %
- CEA with hama treatment panel
- CEA, hama treated - ng/mL
- CEA, untreated - ng/mL
- CMP POC
- CMV qual PCR, non-blood comment
- CMV qual PCR, non-blood method
- CMV qual PCR, non-blood reference range
- CMV qual PCR, non-blood result
- CMV qual PCR, non-blood specimen source
- CMV qualitative PCR non-blood panel

- Color interference, urine
- Factor VII antigen panel
- Factor VII antigen, %
- Gabapentin panel
- Gabapentin, plasma
- Gabapentin, serum
- Glucocerebrosidase/WBC, nmol/hr/mg protein
- Her2/Neu FISH number of cells
- Her2/Neu FISH number of observers
- Influenza A, NS PCR
- NMO-IgG technical results
- Pap smear SurePath IM reflex to HPV high risk if ASCUS panel
- PAP smear, SurePath IM CPT
- PAP smear, SurePath IM cytotechnologist
- PAP smear, SurePath IM interpretation
- PAP smear, SurePath IM LMP
- PAP smear, SurePath IM location
- PAP smear, SurePath IM slides
- PAP smear, SurePath IM source
- PAP smear, SurePath IM specimen adequacy
- Protein/creatinine ratio, urine, g/mg creat
- SARS-Cov-2 IgG total Ab
- SARS-Cov-2 IgG total Ab interpretation
- Sex hormone binding globulin
- SurePath IM reflex to HPV high risk if ASCUS
- Testosterone measurement, total
- Testosterone, free, %
- Testosterone, free, calc
- Testosterone, male, free and total w/ SHBG and albumin panel
- Transcriptome detection_v1 panel
- Transferrin
- Troponin T (highly sensitive) panel
- Troponin T (highly sensitive), ng/L
- Urine drug screen comment 2
- Urine drug screen comment

Medications

Additions

- BIVV009 invest IV
- CBP501 invest IV
- Gallium Ga-68 Gozetotide 18.5 MBq to 185 MBq/mL (Gallium ga-68 psma-11 ucla) IV
- Gallium Ga-68 Gozetotide 18.5 MBq to 185 MBq/mL (Gallium ga-68 psma-11 ucsf) IV
- Giredestrant invest (GDC-9545 invest Oral)
- Miscellaneous Drug Rectal
- NBTXR3 invest intratumoral
- Parsaclisib invest Oral
- Pegcetacoplan Subcutaneous
- Pepinemab (VX15/2503) invest IV
- Sasanlimab invest Subcutaneous
- TG-1801 invest IV
- TT-00420 invest Oral

Updates

Drug	Changes

ARX788 invest IV	• Added **Form**: ARX788 invest 50 mg lyophilized powder
	• Added **Sigs**:
	  • 1.3 mg/kg intravenously once
	  • 1.5 mg/kg intravenously once

Drug	Changes
MRTX849 invest Oral	Added **Forms**: • 25 mg Tablet • 100 mg Tablet
STRO-001 invest IV	Added **Forms**: • STRO-001 50 mg/5 mL (10 mg/mL) • STRO-001 80 mg/8 mL (10 mg/mL)
Casirivimab-Imdevimab IV Dose Pack 120 mg/mL-120 mg/mL (EUA)	Added **Sigs**: Casirivimab-Imdevimab 2,400 mg intravenously Piggyback As Directed; infuse 1,200 mg CASIRIVIMAB and 1,200 mg IMDEVIMAB (2,400 mg total dose) together as a SINGLE infusion over at least 60 minutes
Casirivimab-Imdevimab Subcutaneous Dose Pack 120 mg/mL-120 mg/mL (EUA)	Added **Sig**: Casirivimab-Imdevimab Dose Pack 2,400 mg subcutaneously as directed on dose pack; inject 600 mg CASIRIVIMAB and 600 mg IMDEVIMAB (1,200 mg total dose) as 4 consecutive injections per protocol

Infigratinib Dose Pack 50 mg/day	• Added **Instructions**:
	  • Take on days 1-21 of each 28-day cycle.
	  • Take on an empty stomach, at least 1 hour before or 2 hours after food.
	• Added **Maximum Single Dose**: 125 mg orally
	• Added **Sigs**:
	  • 50 mg orally As Directed
	  • 50 mg orally daily

Infigratinib Dose Pack 75 mg/day	• Added **Instructions**:
	  • Take on days 1-21 of each 28-day cycle.
	  • Take on an empty stomach, at least 1 hour before or 2 hours after food.
	• Added **Maximum Single Dose**: 125 mg orally
	• Added **Sigs**:
	  • 75 mg orally As Directed
	  • 75 mg orally daily

Infigratinib Dose Pack 100 mg/day	• Added **Instructions**:
	  • Take on days 1-21 of each 28-day cycle.
	  • Take on an empty stomach, at least 1 hour before or 2 hours after food.
	• Added **Maximum Single Dose**: 125 mg orally
	• Added **Sigs**:
	  • 100 mg orally As Directed
	  • 100 mg orally daily

Drug	Changes

Infigratinib Dose Pack 125 mg/day	• Added **Instructions**:
	  • Take on days 1-21 of each 28-day cycle.
	  • Take on an empty stomach, at least 1 hour before or 2 hours after food.
	• Added **Maximum Single Dose**: 125 mg orally
	• Added **Sigs**:
	  • 125 mg orally As Directed
	  • 125 mg orally daily

Sotorasib Oral	• Added **Instructions**: Take whole with water, with or without food, at the same time each day.
	• Added **Maximum Single Dose**: 960 mg orally
	• Added **Sigs**:
	  • 240 mg orally As Directed
	  • 240 mg orally daily
	  • 480 mg orally As Directed
	  • 480 mg orally daily
	  • 960 mg orally As Directed

Rybrevant (Amivantamab-vmjw IV)	• Added **Instructions**:
	  • Dilute with NS or D5W to a total volume of 250 mL.
	  • Use an infusion bag made of polyvinylchloride (PVC), polypropylene (PP), polyethylene (PE), or polyolefin blend (PP+PE).
	  • Gently invert the bag to mix.
	  • Do not shake.
	  • Refer to product Prescribing Information for details on dose and infusion rates.
	  • Administer through an IV line fitted with a flow regulator and with an in-line, sterile, non-pyrogenic, low protein-binding polyethersulfone (PES) 0.2 micron filter primed with diluent only.
	  • Administration sets must be made of either polyurethane (PU), polybutadiene (PBD) PVC, PP, or PE.
	  • Do not administer IV push or bolus.
	  • Do not mix or administer with other drugs.
	• Added Maximum Single Dose: 1400 mg intravenously and 1400 mg intravenous
	• Added Sig: 1,050 mg piggyback once

Oxycodone OralTRO-001 invest IV	• Set **Dispensable** default to 5 mg tablet • Added **Sig**: 5 mg tablet orally every 4 to 6 hours

Drug	Changes

Pertuzumab-Trastuzumab-Hy-zzxf Subcutaneous 600 mg-600 mg-20,000 unit/10 mL	• Added **Instructions**:
	  • MAINTENANCE DOSE: 1200 mg reflects sum of pertuzumab and trastuzumab components (600 mg pertuzumab-600 mg trastuzumab-20,000 units hyaluronidase/10 mL).
	  • Administer maintenance dose injections over 5 minutes.
	  • Do NOT further dilute.
	  • Compatible with stainless steel, polypropylene, polycarbonate, polyethylene, polyurethane, polyvinyl chloride or fluorinated ethylene polypropylene.
	  • Administer using 25 to 27-gauge hypodermic injection needle.
	  • The subcutaneous injection site should be alternated between the left and right thigh.
	  • New injections should be given at least 1 inch (2.5 cm) from the previous site on healthy skin and never into areas where the skin is red, bruised, tender, or hard.
	  • Do not split the dose between two syringes or between two sites of administration.
	  • Other medications for subcutaneous administration should be injected at different sites.
	  • Observe patients for a minimum of 30 minutes after initial dose and 15 minutes after subsequent doses for signs and symptoms of administration-related reactions.
	  • *For Subcutaneous Administration Only*
	  • NOTE: This is Phesgo.
	• Added **Maximum Single Dose**: 1200 mg subcutaneously
	• Added **Sigs**:
	  • Pertuzumab-Trastuzumab-Hy-zzxf 1,200 mg subcutaneously every 3 weeks
	  • Pertuzumab-Trastuzumab-Hy-zzxf 1,200 mg subcutaneously once

Drug	Changes

Pertuzumab-Trastuzumab-Hy-zzxf Subcutaneous 1200 mg-600 mg-30,000 unit/15 mL	• Added **Instructions**:
	  • LOADING DOSE: 1800 mg reflects sum of pertuzumab and trastuzumab components (1200 mg pertuzumab-600 mg trastuzumab-30,000 units hyaluronidase/15 mL).
	  • Administer loading dose injection over 8 minutes.
	  • Do NOT further dilute.
	  • Compatible with stainless steel, polypropylene, polycarbonate, polyethylene, polyurethane, polyvinyl chloride or fluorinated ethylene polypropylene.
	  • Administer using 25 to 27-gauge hypodermic injection needle.
	  • The subcutaneous injection site should be alternated between the left and right thigh.
	  • New injections should be given at least 1 inch (2.5 cm) from the previous site on healthy skin and never into areas where the skin is red, bruised, tender, or hard.
	  • Do not split the dose between two syringes or between two sites of administration.
	  • Other medications for subcutaneous administration should be injected at different sites.
	  • Observe patients for a minimum of 30 minutes after initial dose and 15 minutes after subsequent doses for signs and symptoms of administration-related reactions.
	  • **For Subcutaneous Administration Only**
	  • NOTE: This is Phesgo.
	• Added **Maximum Single Dose**: 1200 mg subcutaneously
	• Added **Sigs**:
	  • Pertuzumab-Trastuzumab-Hy-zzxf 1,800 mg subcutaneously every 3 weeks
	  • Pertuzumab-Trastuzumab-Hy-zzxf 1,800 mg subcutaneously once

Regimens

This section does not include clinical trials.

Based on Collaborative Care Committee (CCC) decision and vote, several high impact updates and announcements are summarized below.

Premedication Updates: Regimens classified as low emetic risk were updated to pre-check Granisetron, IV [1000 mcg] based on NCCN Guideline recommendations. Over the next several months, applicable regimen templates containing low emetic risk premedications schedules in higher emetic risk regimens will be updated accordingly.

Leuprolide Product Pre-check: In light of the ongoing Lupron Depot shortage, CCC discussed which leuprolide product (Lupron Depot or Eligard) should be pre-checked in prostate cancer regimens. Based on the outcome of the vote, Lupron Depot will remain the pre-checked product and **no changes** will be made to existing regimen templates

Phesgo Dosing Updates: Phesgo (pertuzumab/trastuzumab/hyaluronidase-zzxf) dosing has been listed by volume (mL) to minimize risk for potential dosing errors. Recent CMS guidance recommends using the sum of therapeutic components. Therefore, the following updates were made to the regimen templates:

- **Phesgo loading dose will be changed to 1800 mg** reflecting sum of pertuzumab (1200 mg) and trastuzumab (600 mg).
- **Phesgo maintenance doses will be changed to 1200 mg** reflecting sum of pertuzumab (600 mg) and trastuzumab (600 mg).

Additions

The following regimens are now available for ordering in the Regimen Library.

Regimen	Diagnoses
Amivantamab-vmjw Q14D (weight greater than or equal to 80 kg)	Lung Cancer, Non-small Cell (NSCLC)
Amivantamab-vmjw Q14D (weight less than 80 kg)	Lung Cancer, Non-small Cell (NSCLC)
Docetaxel + Carboplatin + Pertuzumab and Trastuzumab SQ (Phesgo) (TCH-P) Q21D	Breast Cancer
Infigratinib D1-21 Q28D	Bile Duct Cancer (Parent)
Lenalidomide D1-21 + Bortezomib D1,15 (RVD-Lite) Q28D (Part 2 of 2: Consolidation)	Multiple Myeloma (MM)
Pegcetacoplan D1,4 Q7D	Paroxysmal Nocturnal Hemoglobinuria
Pertuzumab and Trastuzumab SQ (Phesgo) + Docetaxel Q21D	Breast Cancer
Pertuzumab and Trastuzumab SQ (Phesgo) + Paclitaxel D1,8,15 Q21D	Breast Cancer
Romosozumab-aqqg Q28D	All Problems
Sotorasib Q30D	Lung Cancer, Non-small Cell (NSCLC)

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
- Amyloidosis
- Arthritis, Rheumatoid
- Autoimmune (Parent)
- Benign Lymphoid Hyperplasia
- Bile Duct Cancer (Parent)
- Breast Cancer
- Cutaneous Carcinoma, Basal Cell
- Esophageal Cancer (Parent)
- Gastric Cancer
- Gout
- Head and Neck Cancer (Parent)
- Lung Cancer, Non-small Cell (NSCLC)
- Melanoma, Skin
- Multiple Myeloma (MM)
- Paroxysmal Nocturnal Hemoglobinuria
- Renal Cell Carcinoma (RCC)

The following regimens are no longer available for ordering in the Regimen Library.

- Aldesleukin D1-5 Q14D
- Fluorouracil Bolus D1-5 Q28D (Part 1 of 3)
- Fluorouracil Bolus D1-5 Q28D (Part 3 of 3)
- Fluorouracil CIV D1-7 + XRT Q7D (Part 2 of 3) (Rectal)

Renamed Regimens

Previous Name	New Name
Fluorouracil CIV D1-4 + Mitomycin D1 + XRT Q28D	Fluorouracil CIV D1-4 + Mitomycin + XRT Q28D
Lenalidomide D1-21 + Dexamethasone D1,8,15,22 Q28D	Lenalidomide D1-21 + Dexamethasone Q28D
Pomalidomide D1-21 + Dexamethasone D1,8,15,22 Q28D	Pomalidomide D1-21 + Dexamethasone Q28D
Carfilzomib 20/27 mg/m2 D1,2,8,9,15,16 fb D1,2,15,16 + Lenalidomide D1-21 + Dexamethasone D1,8,15,22 Q28D	Carfilzomib 20/27 mg/m2 D1,2,8,9,15,16 fb D1,2,15,16 + Lenalidomide D1-21 + Dexamethasone Q28D
Carfilzomib 20/36 mg/m2 D1,2,8,9,15,16 fb D1,2,15,16 + Lenalidomide D1-21 + Dexamethasone D1,8,15,22 Q28D	Carfilzomib 20/36 mg/m2 D1,2,8,9,15,16 fb D1,2,15,16 + Lenalidomide D1-21 + Dexamethasone Q28D
Carfilzomib 20/36 mg/m2 D1,2,8,9,15,16 fb D1,2,15,16 + Lenalidomide D1-21 + Dexamethasone D1,8,15,22 Q28D	Carfilzomib 20/36 mg/m2 D1,2,8,9,15,16 + Lenalidomide D1-21 + Dexamethasone Q28D

Research

High Impact Updates

Based on NCCN Guideline recommendations, applicable Low Emetic risk regimen templates will have Granisetron, IV [1000 mcg] prechecked.

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

The USOR Clinical Trials listed in the table below are updated:

	Updated Reference Information	Updated Drug Service Order Information	Updated Regimen Instructions	Other Changes
USOR 17058	X	X	X	Sponsor has confirmed that the use of bevacizumab biosimilars is allowed. The following regimens are now available for ordering: USOR 17058 Arm 1 Induction Phase DSP-7888 Emulsion + Bevacizumab BIOSIMILAR USOR 17058 Arm 1 Consolidation Phase DSP-7888 Emulsion + Bevacizumab BIOSIMILAR USOR 17058 Arm 1 Maintenance Phase DSP-7888 Emulsion + Bevacizumab BIOSIMILAR USOR 17058 Arm 2 Bevacizumab BIOSIMILAR
USOR 17144	X	X	X	
USOR 17205		X		
USOR 18126	X	X	X	The following regimen is now available for ordering: USOR 18126 Part D SEA-BCMA D1,15 + Pomalidomide D1-21 + Dexamethasone (Weekly) Q28D The following regimen is no longer available for ordering: USOR 18126 Part A SEA-BCMA (D1,15) Q28D
USOR 18188	X			
USOR 19081	X		X	

	Updated Reference Information	Updated Drug Service Order Information	Updated Regimen Instructions	Other Changes
USOR 19109				The following regimens are no longer available for ordering: USOR 19109 PF-06821497 USOR 19109 PF-06821497 Food Effect Cohort Lead-in
USOR 19151	X	X	X	
USOR 19160	X		X	
USOR 20142	X	X	X	
USOR 20169	X	X	X	The following regimens are now available for ordering: USOR 20169 TAK-981 D1 + Rituximab IV Q21D USOR 20169 TAK-981 D1,8,15 (Dense Schedule) + Rituximab IV Q21D
USOR 20218	X			
USOR 20219	X		X	
USOR 20269	X			
USOR 20289	X			The following regimen is now available for ordering: USOR 20289 SEA-TGT + Sasanlimab SC Q21D
USOR 20413	X	X		
USOR 21177	X			

Billing: HCPCS Code Updates

Medication	HCPCS Code
Aducanumab-avwa IV	J9999 per 100 mg
Amivantamab-vmjw IV	J9999 per 350 mg
Bamlanivimab IV (1 of 2) (EUA)	Q0245 per 700 mg
Casirivimab-Imdevimab Subcutaneous Dose Pack 60 mg-60 mg/mL (EUA	Q0244 per 1200 mg
Casirivimab-Imdevimab IV Dose Pack 120 mg/mL-120 mg/mL	Q0243 per 2400 mg
Casirivimab (REGN10933) Subcutaneous (1 of 2) (EUA)	Q0243 per 1200 mg
COVID-19 Vacc, NVX-CoV2373 (Novavax)-Adjuv Matrix (PF) IM (Unapproved)	91304 per 0.5 mL
Herceptin Hylecta (Trastuzumab-Hyaluronidase-oysk Subcutaneous 600 mg-10,000 unit/5 mL)	J9356 per 0.834 mL

Medication	HCPCS Code
Human Prothrombin Complex (PCC) IV 500 unit	J7168 per 500 units
Human Prothrombin Complex (PCC) IV 1000 unit	J7168 per 1000 units
Hydroxocobalamin IM	J3490 per 5000 mcg
Hydroxocobalamin IV	J3490 per 5 gram
Gallium Ga-68 Gozetotide 18.5 MBq to 185 MBq/mL (Gallium ga-68 psma-11 ucla) IV	A9594 per 1 mCi
Gallium Ga-68 Gozetotide 18.5 MBq to 185 MBq/mL (Gallium ga-68 psma-11 ucsf) IV	A9593 per 1 mCi
Imdevimab (REGN10987) Subcutaneous (2 of 2) (EUA)	Q0243 per 1200 mg
Leuprolide Subcutaneous (6 month)	J1951 per 0.25 mg
Lidocaine Infiltrate 10 mg/mL (1 %)	J2001 per 10 mg
Lumasiran Subcutaneous	J0224 per 0.5 mg
Margetuximab-cmkb	J9353 per 5 mg
Naxitamab-gqgk	J9348 per 1 mg
Pneumococcal 23-ValPS Vaccine IM	90732 per 0.5 mL
Rituximab-arrx IV	Q5123 per 10 mg
Romidepsin IV *(Romidepsin 5.5 mL vial; non-lyophilized (e.g. liquid))*	J9314 per 0.1 mg
Romidepsin IV *(Istodax)*	J9315 per 1 mg
Sotrovimab IV (EUA)	Q0247 per 500 mg
Testosterone Cypionate Subcutaneous	J1071