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Clinical Profile Documentation

Additions

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

BRAF Mutation is updated for **Melanoma, Skin** with the following new documentation points:

- Other mutation or fusion

FOLR1 (folate receptor alpha) expression is updated for **Fallopian Tube Cancer** and **Ovarian and Primary Peritoneal Cancer** with the following new documentation points:

- >/+ 75%
- >0 and <75%
- 0%

HER-2/neu Value-IHC is now available for documentation for **Bladder Cancer, Head and Neck Cancer (Parent), Lung Cancer, Non-small Cell (NSCLC),** and **Melanoma, Skin,** with the following documentation points:

- 0
- 1+
- 2+
- 3+
- Unknown

Problems

Additions

New items are available for documentation in **Problems** and appear in the **Charge Capture Report (CCR)**.

Lab Analytes & Panels

Additions and Updates

- AGNA-1, CSF
- Amphiphysin ab, CSF
- Amyloid protein ID, paraffin
- Amyloid protein ID, paraffin panel
- ANNA-1, CSF
- ANNA-2, CSF
- ANNA-3, CSF
- Bartonella PCR
- Bartonella, DNA molecular detection, PCR panel
- Bicarbonate measurement
- Cells analyzed
- Cells counted
- Cells karyotyped
- CO2
- CRMP-5-IgG, CSF
- DCISionRT
- IFA notes
- Influenza A & B, antigen note
- Paraneoplastic autoantibody evaluation panel, CSF
- Paraneoplastic interpretation, CSF
- Pathology/Cytology Amended/Addendum report
- PCA-1, CSF
- PCA-Tr, CSF
- PROphetNSCLC test
- Tempus xF+ panel
- Wet preparation
- Wet preparation panel

Medications

Additions

- BGB-24714 invest Oral
- GSK5733584 invest IV
- IGM-8447 invest IV
- M9140 invest IV
- OKI-219 invest Oral
- SW-682 invest Oral
- Valemetostate tosylate invest Oral

- XL092 invest Oral

Updates

Medication	Update
Cabozantinib Oral	<ul style="list-style-type: none"> • Updated sigs and instructions
Mirvetuximab Soravtansine-gynx IV	<ul style="list-style-type: none"> • Updated maximum single dose • New sigs added to support AIBW calculation: <ul style="list-style-type: none"> ○ 4 mg/kg AIBW intravenously Piggyback once ○ 5 mg/kg AIBW intravenously Piggyback once ○ 6 mg/kg AIBW intravenously Piggyback once ○ 6 mg/kg AIBW intravenously Piggyback once every 3 weeks.
Tarlatamab-dlle IV	<ul style="list-style-type: none"> • Added Maximum single dose • Updated Sigs and instructions • Changed category to Antineoplastic
Tocilizumab IV	<ul style="list-style-type: none"> • Added Maximum single dose • Updated Quick sigs and instructions
Tocilizumab-aazg IV	<ul style="list-style-type: none"> • Added Maximum single dose • Updated Quick sigs and instructions
Tocilizumab-bavi IV	<ul style="list-style-type: none"> • Added Maximum single dose • Updated Quick sigs and instructions

Regimen Library

Daratumumab Regimens: Premedication & Dexamethasone Prescription Changes

Pre-checked premedication orders will become unchecked after the 3rd daratumumab dose when risk of administration-related reactions is low:

- Combination therapy: acetaminophen and diphenhydramine
- Monotherapy: acetaminophen, diphenhydramine, and dexamethasone

Additionally, subcutaneous dexamethasone prescriptions were streamlined by combining pre- and post-daratumumab dexamethasone into a single dose, based on corticosteroid dosing intent for each regimen.

Cabozantinib Starting Dose Reduction

To improve tolerability and patient adherence of cabozantinib (Cabometyx®), the Collaborative Care Committee has voted to reduce the pre-checked starting dose from 60 mg daily to 40 mg daily for the following regimen:

- Cabozantinib (Cabometyx) Q30D (RCC, HCC, Differentiated Thyroid, Uterine)

Providers may consider starting cabozantinib at 40 mg daily and increasing to 60 mg daily, if tolerated, due to high rates of dose interruptions and reductions in clinical trials. Dosing Guidance communication orders have been included in the regimen with the rationale for this change and recommended monitoring parameters.

NOTE: The decision to use a lower initial cabozantinib dose should be based on individual patient factors and clinical judgement by a medical professional.

Additions

Regimen Name	Diagnosis
Cyclophosphamide PO + Bortezomib + Dexamethasone (CyBorD) Q28D (MM) (Previously Treated)	Multiple Myeloma (MM)
Danicopan + Eculizumab or Ravulizumab Q30D (Danicopan Only)	Paroxysmal Nocturnal Hemoglobinuria
Nogapendekin alfa inbakicept-pmln (Intravesical) + BCG (Intravesical) Maintenance Q28D	Bladder Cancer; Renal Pelvis and Ureter Cancer; Urethral Cancer
Nogapendekin alfa inbakicept-pmln (Intravesical) + BCG (Intravesical) Weekly Induction Q42D	Bladder Cancer; Renal Pelvis and Ureter Cancer; Urethral Cancer
Pembrolizumab (Dose Banding) + Doxorubicin + Cyclophosphamide (AC) D1,22 Q42D fb Pembrolizumab (Dose Banding) + Paclitaxel D1,8,15,22,29,36 + Carboplatin D1,22 Q42D	Breast Cancer
Pembrolizumab (Dose Banding) + Doxorubicin + Cyclophosphamide (AC) D1,22 Q42D fb Pembrolizumab (Dose Banding) + Paclitaxel D1,8,15,22,29,36 + Carboplatin D1,8,15,22,29,36 Q21D	Breast Cancer
Pembrolizumab (Dose Banding) + Paclitaxel D1,8,15,22,29,36 + Carboplatin D1,22 Q42D fb Pembrolizumab (Dose Banding) + Doxorubicin + Cyclophosphamide (AC) D1,22 Q42D	Breast Cancer
Tarlatamab-dlle IV D1,8,15 fb D1,15 Q28D	Lung Cancer, Small Cell (SCLC)
Testosterone Injection Supportive Care	All Problems

Regimen Name	Diagnosis
Tocilizumab SQ D1,15 Q28D + Weekly Methotrexate PO	Arthritis, Rheumatoid
Tovorafenib Q28D	Brain Tumor (Parent)
Zanubrutinib + Obinutuzumab (ZO) (2 cycles) fb ZO + Venetoclax (6 Cycles) fb Zanubrutinib + Venetoclax Q28D	Lymphoma, Non-Hodgkin (NHL) (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.

- Amyloidosis
- Arthritis, Rheumatoid
- Cervical Cancer
- Esophageal Cancer (Parent)
- Fallopian Tube Cancer
- Gastric Cancer
- Hepatocellular Carcinoma (HCC)
- Immune Thrombocytopenia Purpura (ITP)
- Leukemia, Chronic Lymphocytic (CLL)
- Lung Cancer, Non-small Cell (NSCLC)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Malignant Mesothelioma
- Malignant Pleural Mesothelioma
- Melanoma, Skin
- Melanoma, Uvea, Ciliary Body/Choroid
- Melanoma, Uvea, Iris
- Multiple Myeloma (MM)
- Ovarian and Primary Peritoneal Cancer
- Renal Cell Carcinoma (RCC)
- Thyroid Cancer (Parent)
- Uterine Cancer (Parent)

Renames

Previous Name	New Name
Docetaxel D1 + Carboplatin D1 Q21D (Ovarian, Bladder, Uterine)	Docetaxel + Carboplatin Q21D (Ovarian, Uterine)
Mitoxantrone D1 + Prednisone Q21D	Mitoxantrone + Prednisone Q21D

Previous Name	New Name
Paclitaxel + Carboplatin Q21D (Bladder, TCC, Melanoma)	Paclitaxel + Carboplatin Q21D (Melanoma)
Pemetrexed + Carboplatin Q21D	Pemetrexed + Carboplatin +/- XRT Q21D

Research

Updates

Effective June 10, 2024, all Sarah Cannon Research Institute (SCRI/USOR) trials and trial regimens are managed by SCRI.

Please direct all inquiries to SCRI.DLEMRAlysts@scri.com.

Billing & HCPCS Codes

Additions

The July 2024 updates include new HCPCS Level II codes to separately identify products approved under the 505(b)(2) New Drug Application (NDA) or the Biologics License Applications (BLA) pathways after October 2003, and not rated as therapeutically equivalent to a reference listed product in an existing code. A complete application summary and coding link can be found [here](#).

Please visit CMS's website for a complete list of **July 2024** [HCPCS Quarterly](#) updates.

The following products have **not been released** into the marketplace per First Databank (FDB):

- J2468 - Palonosetron hydrochloride (avyxa), not therapeutically equivalent to j2469
- J9361 - Efbemalenograstim alfa-vuxw
- Q5137 - Ustekinumab-auub (wezlana), biosimilar, subcutaneous
- Q5138 - Ustekinumab-auub (wezlana), biosimilar, intravenous

Updates

For medications listed below that include a brand name, please refer to the NDC – HCPCS crosswalk table within the release notes for specific dispensable/NDC association.

Medication	HCPCS Codes
ADAMTS13, recombinant-krhn IV	J7171 per 10 units
Betibeglogene Autotemcel IV	J3393 per 5x10e6 CD34+ cells

Medication	HCPCS Codes
Cefazolin (Wg Critical Care)	J0687 per <ul style="list-style-type: none"> • 500 mg • 0.5 gram
Chloroprocaine (PF) Caudal Block 2%	J2401 per 1 mg
Daptomycin (Xellia)	J0872 per 1 mg
Doxycycline IV	J3490 per 100 mg
Durlobactam IV	J3490 per 0.5 gram
Fidanacogene elaparvovec-dzkt IV	J3590 per 5x10e11 vg/kg
Glycopyrrolate (Fresenius Kabi)	J1598 per: <ul style="list-style-type: none"> • 0.1 mg • 100 mcg
Glycopyrrolate (Glyrix-pf)	J1597 per: <ul style="list-style-type: none"> • 0.1 mg • 100 mcg
Infliximab-dyyb Subcutaneous	J1748 per 10 mg
Ketamine (PF) IV	J3490 per: <ul style="list-style-type: none"> • 5 mg • 10 mg
Lovotibeglogene Autotemcel IV	J3394 per 3x10e6 CD34+ cells
Meropenem IV (Wg Critical Care)	J2183 per: <ul style="list-style-type: none"> • 0.1 gram • 100 mg
Methotrexate Oral (Jylamvo)	J8611 per 2.5 mg
Methotrexate Oral (Xatmep)	J8612 per 2.5 mg
Micafungin IV (Baxter)	J2246 per 1 mg
Mirikizumab-mrkz	J2267 per 1 mg
Pantoprazole IV	J2470 per 40 mg
Pantoprazole IV (Hikma)	J2471 per 40 mg
Pemivibart IV (EUA)	Q0224 per 4500 mg
Phenylephrine IV (Immphentiv)	J2373 per 20 mcg
Secukinumab IV	J3247 per 1 mg
Sodium nitrite-Sodium thiosulfate IV	J0211 per: <ul style="list-style-type: none"> • 3 mg • 125 mg
Tarlatamab-dlle IV (Imdelltra)	J9999 per: <ul style="list-style-type: none"> • 1 mg • 10 mg

Medication	HCPCS Codes
Taurolidine Intra-catheter	J0911 per 3 mL
Travoprost Intracameral Implant	J7355 per 1 mcg
Toripalimab-tpzi IV	J3263 per 1 mg

NDC – HCPCS Crosswalk

Additions

Effective July 1, 2024.

Medication (Brand)	HCPCS Code	NDC
Cefazolin (Wg Critical Care)	J0687 per 500 mg	44567084001 44567084025
Daptomycin (Xellia)	J0872 per 1 mg	70594006001 70594006601
Glycopyrrolate (Fresenius Kabi)	J1598 per: <ul style="list-style-type: none"> 0.1 mg 100 mcg 	76045002300 76045002330 76045022303 76045022330
Glycopyrrolate (Glyrix-pf)	J1597 per: <ul style="list-style-type: none"> 0.1 mg 100 mcg 	51754600001 51754600004 51754600101 51754600104 51754601301 51754601303 51754601501 51754601503
Meropenem (Wg Critical Care)	J2183 per <ul style="list-style-type: none"> 0.1 gram 100 mg 	44567040201 44567040206
Methotrexate oral (Jylamvo)	J8611 per 2.5 mg	81927020401
Methotrexate oral (Xatmep)	J8612 per 2.5 mg	52652200101 52652200106
Micafungin (Baxter)	J2246 per 1 mg	00338905101 00338905112 00338905301 00338905312

Medication (Brand)	HCPCS Code	NDC
Pantoprazole (Hikma)	J2471 per 40 mg	00143928401 00143928410 00143930001 00143930010
Phenylephrine (Immphentiv)	J2373 per 20 mcg	00641624501 00641624510 00641624601 00641624610