

March 28, 2024

Contents

Problem Groups.....	2
Additions.....	2
Lab Analytes & Panels.....	3
Additions.....	3
Medications.....	5
Additions.....	5
Updates.....	5
Regimen Library.....	6
Additions.....	6
Updates.....	6
Renames.....	7
Research.....	7
Updates.....	7
Billing & HCPCS Codes.....	8
Updates.....	9
NDC to HCPCS Crosswalk.....	10
Additions.....	10

Problem Groups

Additions

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

Line of Therapy of **Non-muscle invasive bladder cancer (NMIBC)** is now available for **Bladder Cancer**.

ESR1 mutation after 1st line endocrine therapy (NCCN recommends re-testing at progression following prior lines of endocrine therapy) is now available for **Breast Cancer** with the following documentation points:

- Detected
- Not detected
- Unknown

HLA-A*02:01 is now available for **Melanoma, Uvea, Ciliary Body/ Choroid** with the following documentation points:

- Positive
- Negative
- Ordered: result pending
- Not performed

MSI (Microsatellite Instability) and **MMR (Mismatch Repair)** are now available for **Bile Duct Cancer (Parent)** with the following documentation points:

- MSI (Microsatellite Instability)
 - Low
 - Stable
 - High
 - Indeterminate
 - Ordered: Results pending
 - Unknown
- MMR (Mismatch Repair)
 - Deficient
 - Proficient
 - Unknown

Lab Analytes & Panels

Additions

- 7/7q by FISH
- 7/7q by FISH panel
- Alpha-1-antitrypsin, fecal, Qn
- Ammonia, umol/L
- ANA Ab HEp-2 substrate panel
- ANA cytoplasmic pattern
- Atyp mononuclear cells, %
- B-cell lymphoma, Fish, tissue additional information
- B-Cell lymphoma, FISH, tissue panel
- BCL2,T(14;18), FISH
- BCR/ABL, P190 final diagnosis
- BCR/ABL, P190 quant monitor (monitoring) panel
- BCR/ABL, P190 result
- BCR/ABL, P190 specimen
- BKV PCR viral log, log IU/ml
- Blood gas, arterial panel
- Cannabidiol, ng/mL
- Caris assure liquid panel
- Caris liquid assure report
- Caris liquid assure report panel
- Chromosome analysis, cytogenetics additional information
- Chromosome analysis, cytogenetics banding method
- Chromosome analysis, cytogenetics interpretation
- Chromosome analysis, cytogenetics method
- Chromosome analysis, cytogenetics reason for referral
- Chromosome analysis, cytogenetics released by
- Chromosome analysis, cytogenetics result
- Chromosome analysis, cytogenetics result summary
- Chromosome analysis, cytogenetics specimen
- Chromosome analysis, cytogenetics, blood panel
- CLL FISH additional information
- CLL FISH disclaimer
- CLL FISH method
- CLL FISH reason for referral
- CLL FISH result
- CLL FISH result summary
- CLL FISH result table
- CMV DNA (log10), log10
- CMV DNA PCR, IU/mL
- COMPASS select without flow cytometry (no NeoType testing) panel
- COMPASS select without flow cytometry panel
- Covid antigen panel

- Covid antigen, qual
- Cryofibrinogen, 5 days
- Culture, wound, aerobic panel w/ gram stain
- Cytomegalovirus (CMV), DNA, Ultraquant panel
- Drug screen 11 w/reflex conf, blood panel
- Eosinophils, smear, urine
- EVB PCR Log10
- Fibrinogen activity panel, clauss
- Flow cytometry specimen information
- Gastric parietal antibody panel
- H. pylori, PCR stool clarithromycin resistance result
- H. pylori, PCR stool panel
- H. pylori, PCR stool result
- H. pylori, PCR stool specimen
- HBV DNA PCR, Log10
- HCG, quantitative, serum panel
- Histoplasma/blastomyces Ag result
- Histoplasma/blastomyces Ag value, ng/mL
- Histoplasma/blastomyces Ag, EIA, serum panel
- Hormone Receptor
- HPC sterility test
- HPC sterility test panel
- Immunoglobulin gene rearrangement panel
- Immunohistochemistry panel
- JAK2 Exon 12-15 final diagnosis
- JAK2 sequencing result
- Lg. cell lymphoma BCL6 FISH
- M. tuberculosis PCR, respiratory only
- M. tuberculosis PCR, respiratory only panel
- Molecular results
- Myeloma staging, blood panel
- Myeloma, FISH bm released by
- Myeloma, FISH panel, bone marrow
- OnkoSight ACL neoplasm NGS therapeutics and prognostic assoc
- OnkoSight advanced chronic lymphoid neoplasm NGS detailed genetic interpretation 1
- Onkosight advanced chronic lymphoid neoplasm NGS panel
- OnkoSight advanced chronic lymphoid neoplasm NGS references 2
- OnkoSight advanced chronic lymphoid neoplasm NGS technical summary
- OnkoSight advanced chronic lymphoid neoplasm NGS text box
- OnkoSight advanced NGS myeloid allele frequencies
- OnkoSight Advanced NGS Myeloid Panel
- OnkoSight advanced NGS myeloid references 2
- OnkoSight advanced NGS myeloid therapeutics and prognostic assoc
- Parvovirus B19 Ab interpretation
- Path blood smear consult clin question
- Path blood smear consult diagnosis
- Peripheral smear review w/ Pathologist consult panel
- Pm/scl 100 Ab panel
- Pm/scl 100 Ab, EIA, units

- Semi-quant IHC, manual, tissue, 22c3
- Semi-quant IHC, manual, tissue, 22c3 panel
- Susceptibility AFB, rapid grower
- Transfusion consult
- Transfusion consult panel
- Troponin T delta difference, ng/L

Medications

Additions

- AZD0305 invest IV
- BB-1701 invest IV
- DSP-5336 invest Oral
- EIK1001 invest IV
- HC-7366 invest Oral
- MK-2870 invest IV

Updates

Medication	Update
BI 1810631 invest Oral	New synonym available: Zongertinib invest
MEDI5752 invest IV	New synonym available: Volrustomig invest
pegfilgrastim-cbqv Subcutaneous (via wearable injector)	<p>New Maximum Single Dose available: 6 mg</p> <p>New instructions available: May be applied by a healthcare professional on the same day as chemotherapy or the last day of chemotherapy in a multi-day regimen using only the co-packaged pegfilgrastim-cbqv. The device must be applied to patient's skin (abdomen or back of arm). Usually applied to the abdomen, the back of arm should only be used if there is a caregiver available to monitor the injector. Pegfilgrastim-cbqv will begin infusing approximately 27 hours later and deliver pegfilgrastim-cbqv over 5 minutes.</p> <p>NOTE: This is Udenyca On Body Injector.</p>

Regimen Library

Udenyca OBI

Udenyca Onbody (pegfilgrastim-cbqv Subcutaneous (via wearable injector)) was added as an unchecked option within applicable regimen templates.

Additions

Regimen Name	Diagnosis
BrECADD	Lymphoma, Hodgkin (HL)
Cyclophosphamide IV + Bortezomib + Dexamethasone (CyBorD) Q28D (MM)	Multiple Myeloma (MM)
Daratumumab SQ + Cyclophosphamide IV + Bortezomib + Dexamethasone (CyBorD) Q28D (Amyloidosis) (Part 1 of 2)	Amyloidosis
Niraparib + Bevacizumab Q21D	Ovarian and Primary Peritoneal Cancer; Fallopian Tube Cancer
Paclitaxel + XRT Q7D (Cervical, Uterine)	Cervical Cancer; Uterine Cancer (Parent)
Ribociclib + Letrozole Q28D (Uterine)	Uterine 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
- Amyloidosis
- Breast Cancer
- Cervical Cancer
- Colon Cancer
- Fallopian Tube Cancer
- Leukemia, Hairy Cell
- Lung Cancer, Non-small Cell (NSCLC)
- Lymphoma, Hodgkin (HL)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Multiple Myeloma (MM)
- Multiple Sclerosis
- Ovarian and Primary Peritoneal Cancer
- Rectal Cancer
- Uterine Cancer

Renames

Previous Name	New Name
Daratumumab SQ + Cyclophosphamide PO + Bortezomib + Dexamethasone (CyBorD) Q28D (Amyloidosis) (Part 2 of 2: Daratumumab SQ only)	Daratumumab SQ + Cyclophosphamide + Bortezomib + Dexamethasone (CyBorD) Q28D (Amyloidosis) (Part 2 of 2: Daratumumab SQ only)
Pegfilgrastim	Pegfilgrastim Products
Teclistamab-cqyv SQ D1,8,15,22 Q28D (Maintenance)	Teclistamab-cqyv SQ D1,8,15,22 fb D1,15 Q28D (Maintenance)

Research

Updates

	Updated Reference Information			
		Updated Drug Service Order Information		
			Updated Regimen Instructions	
				Other Changes
USOR 21176	X			
USOR 21457	X	X		No longer available: USOR 21457 Arm 2 Pembrolizumab Q21D USOR 21457 Arm 3 Nemvaleukin alfa D1-5 Q21D
USOR 21498	X	X	X	Now available: USOR 21498 Avutometinib (BIW 3 on/1 off) + Sotorasib + Defactinib (BID 3 on/1 off) Q28D USOR 21498 Avutometinib (PO; BIW 3 on/1 off) + Sotorasib (PO; Daily) Q28D
USOR 22201		X		
USOR 22269	X			
USOR 22329	X		X	Now available: USOR 22329 Elacestrant + Capivasertib Q28D
USOR 23009	X	X		
USOR 23031	X			
USOR 23049		X	X	
USOR 23055	X	X	X	

	Updated Reference Information		
	Updated Drug Service Order Information		
	Updated Regimen Instructions		
	Other Changes		
USOR 23080			No longer available: USOR 23080 Arm 2 ONC-392 Q21D
USOR 23201	X	X	
USOR 23292	X	X	No longer available: USOR 23292 Part B1 ART0380 D2-4,9-11 + Gemcitabine D1,8 Q21D

Billing & HCPCS Codes

The April 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](#).

For a complete list of **April 2024 [HCPCS quarterly updates](#)**, please visit CMS's website.

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.

The following products have **not been released** into the marketplace per FDB:

- Fosaprepitant (focinvez)
- Levothyroxine sodium (hikma) not therapeutically equivalent to j0650
- Melphalan (hepzato)
- Melphalan (apotex)
- Natalizumab-sztn (tyruko)
- Procenta
- Tocilizumab-bavi (tofidence)

Updates

Medication	HCP Codes
Aflibercept Intravitreal 8 mg/0.07 mL	J0177 per <ul style="list-style-type: none"> • 0.001 mL • 1 mg
Avacincaptad pegol (PF) Intravitreal	J2782 per 0.1 mg
Buprenorphine Subcutaneous ER Solution (Brixadi Monthly)	J0577 per 1 mg
Buprenorphine Subcutaneous ER Solution (Brixadi Weekly)	J0577 per 1 mg
Cantharidin Topical Solution 0.7 %	J7354 per 1 application
Cipaglucoasidase alfa-atga IV	J1203 per 5 mg
Cyclophosphamide (ingenus)	J9073 per 5 mg
Cyclophosphamide (sandoz)	J9074 per 5 mg
Cyclophosphamide IV (not otherwise specified)	J9075 per 5 mg
DaxibotulinumtoxinA-lanm IM (cosmetic)	J0589 per <ul style="list-style-type: none"> • 0.5 mL • 1 units
Elranatamab-bcmm Subcutaneous	J1323 per 5 mg
Human prothrombin complex concentrate (PCC)-lans IV	J7165 per 1 units
Hydroxocobalamin IV	J3424 per <ul style="list-style-type: none"> • 0.025gram • 25 mg
Levothyroxine (fresenius kabi)	J0651 per 10 mcg
Levothyroxine (not otherwise specified)	J0650 per 10 mcg
Lifileucel IV 7.5x 10exp9 to 72x10exp9 cell	J9999 per 7.5x 10e9 viable cells
Methotrexate (accord)	J9255 per 50 mg
Methylprednisolone Acetate IM	J1010 per 1 mg
Methylprednisolone IV	J2919 per 5 mg
Methylprednisolone (PF) Intratympanic	J2919 per 5 mg
Methylprednisolone (PF) IV	J2919 per 5 mg
Methylprednisolone Sodium Succinate (PF) IM	J2919 per 5 mg
Methylprednisolone Sodium Succinate IM	J2919 per 5 mg

Medication	HCPSC Codes
Miglustat Oral	J1202 per 65 mg
Motixafortide Subcutaneous	J2277 per 0.25 mg
Pemetrexed (pemrydi rtu)	J9324 per 10 mg
Pozelimab-bbfg IV	J9376 per 1 mg
Pozelimab-bbfg Subcutaneous	J9376 per 1 mg
Risperidone (rykindo)	J2801 per 0.5 mg
Sodium Thiosulfate (hope)	J0209 per <ul style="list-style-type: none"> • 0.1 grams • 100 mg
Somapacitan-beco Subcutaneous Pen Injector	J3490 per <ul style="list-style-type: none"> • 5 mg • 10 mg • 15 mg
Talquetamab-tgvs Subcutaneous	J3055 per 0.25 mg

NDC to HCPSC Crosswalk

Additions

Medication (Brand)	HCPSC Code	NDC
Cyclophosphamide (ingenus)	J9073 per 5 mg	50742051902 50742052005 50742052110 68001056422 68001056528 70860021810
Cyclophosphamide (not otherwise specified)	J9075 per 5 mg	10019095501 10019095601 10019095701 10019095616 10019095550 10019095711 10019093501 10019093525 10019093601 10019093650 10019093701

		10019093710 10019093801 10019093825 10019093901 10019093950 10019094201 10019094210 10019094301 10019094325 10019094401 10019094450 10019094501 10019094510 70121123801 70121123901 70121124001 16714085901 16714085701 16714085801 72603032601 72603010401 68001044226 68001044327 68001044432 70860021805 70860021803 72572008301 72572008701 72572008501 51407074802 51407074905 51407075010 81298811201 81298811401 81298811001 39822025001 65219013120 65219013320 65219013520 39822025501
Levothyroxine (fresenius kabi)	J0651 per 10 mcg	63323064916 63323088510 63323089010 63323089510 63323088514 63323088512
Levothyroxine (not otherwise specified)	J0650 per 10 mcg	63323064810 63323064907 63323064710

		63323064994 42023020101 42023020201 42023020301 66794064902 66794064702 66794064802 70860045110 70860045210 70860045310 24201000201 25021046810 25021046910 25021047010
Methotrexate	J9255 per 50 mg	63323012108 63323012110 63323012250 61703040841 00703367101 00703367501 00703367801 67457048040 16729027735 16729027703 16729027730 61703040825 63323012259 00703367881 00143983001 00143951901 00143951910 00143936701 61703012440
Methylprednisolone Acetate IM	J1010 per 1 mg	00009027401 00009028002 00009028003 00009028051 00009028052 00009030602 00009030612 00009307301 00009307303 00009307322 00009307323 00009347501 00009347503 00781351675 25021082005 25021082010 25021082105

		42023023801 42023023901 42023024001 50090043600 50090055600 50090209800 50090589400 55150031301 55150031401 60219157301 60219157305 60219157401 60219157405 69852011510 69852091610 70121155201 70121155205 70121157301 70121157305 70121157401 70121157405 71266107501 76420008101
Methylprednisolone (PF) Intratympanic	J2919 per 5 mg	63323025803 63323025503 63323026530 00009003932 00009004726 00009003928 00009004722 00009000302 00009001820 00009003930 00009004725 00009003933 00009004727 00009069801 00009075801 70121100005 70121100105 70121100001 70121100101 00009069802 00009004704 00009004703 00009003906 00009003905 55154394005 55154394105 00143985101 00143985001 00009085001

		43598012725 43598012745 43598012925 43598012901 43598012811 43598013074 50090027100 50090027101 00143975325 00143975301 00143975425 00143975401
Methylprednisolone IV	J2919 per 5 mg	00009000302 00009001820 00009003905 00009003906 00009003928 00009003930 00009003932 00009003933 00009004703 00009004704 00009004722 00009004725 00009004726 00009004727 00009069801 00009069802 00009075801 00009085001 00143975301 00143975325 00143975401 00143975425 00143985001 00143985101 43598012725 43598012745 43598012811 43598012901 43598012925 43598013074 50090027100 50090027101 55154394005 55154394105 63323025503 63323025803 63323026530 70121100001 70121100005 70121100101

		70121100105
Pemetrexed (pemrydi rtu)	J9324 per 10 mg	70121246101 70121245301
Risperidone (rykindo)	J2801 per 0.5 mg	72526020201 72526010211 72526020301 72526010311 72526020401 72526010411
Sodium Thiosulfate IV	J0209 per <ul style="list-style-type: none"> • 0.1 grams • 100 mg 	60267070550