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Clinical Profile Documentation

AJCC Version 9 Staging

This release contains updated **TNM** values, **Staging Groups**, and **Template** functionality to align with AJCC version 9 conditions for:

- **Neuroendocrine Tumors of the Appendix**
- **Neuroendocrine Tumors of the Colon and Rectum**
- **Neuroendocrine Tumors of the Duodenum and Ampulla**
- **Neuroendocrine Tumors of the Jejunum and Ileum**
- **Neuroendocrine Tumors of the Pancreas**
- **Neuroendocrine Tumors of the Stomach**
- **Vulva Cancer**

Users will see updated values and descriptions for **Primary Tumor Type (T)**, **Regional Lymph Nodes (N)**, and **Distance Metastasis (M)**, documentation points for **Neuroendocrine cancer** and **Vulva cancer**.

The staging calculator will display updated **Stage** values based on the changes to the staging groups. The new content does not affect previous charting documented on existing patients. A summary table is provided below.

All previous charting is brought forward during a subsequent visit, just as it did prior to this release.

Problem Groups

Additions

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

Residual Tumor is now available for **Neuroendocrine Cancer** with the following documentation points:

- R0
- R1
- R2
- Unknown

Problems

Additions

New items are available for documentation in **Problems** and appear in the **Charge Capture Report (CCR)**. Additional ICD-10 codes may be displayed to present the surrounding nodes.

Please see **APPENDIX A** for a complete summary of changes.

Problem	ICD-10 Codes
Alzheimer's disease (disorder)	G30.0 - Alzheimer's disease with early onset G30.1 - Alzheimer's disease with late onset G30.8 - Other Alzheimer's disease G30.9 - Alzheimer's disease, unspecified

Lab Analytes & Panels

Additions

- ANCA titer 2, ratio
- EBV DNA, plasma, log10 IU/mL
- GHK CU-Thymulin Acetate-Melaotnin (TrichoFoam) Compound Topical
- HPV anal-rectal panel
- MDW
- Neotype(TM) discovery profile for hematologic cancers
- Osmolality, calculated
- Sodium/creat ratio, urine, mg/g creat

Medications

Additions

- ARA-290 Compound Subcutaneous
- BBT-207 invest Oral
- BMF-219 invest Oral
- BPC-157 (Versapro Base) Compound Topical
- BPC-157 Compound Oral
- BPC-157 Compound Subcutaneous
- CJC-1295 - Ipamorelin Compound Oral

- CJC-1295 - Ipamorelin Compound Subcutaneous
- HBM1020 invest IV
- HPC, Marrow (Cryopreserved) invest IV
- JZP898 invest IV
- Petosemtamab invest IV
- Pyridoxine-Tirzepatide Compound Subcutaneous
- RMC-9805 invest Oral
- SGR-2921 invest Oral
- TORL-3-600 invest IV

Updates

Medication	Update
Acalabrutinib invest (ACP-196 invest Oral)	New Form available: <ul style="list-style-type: none"> • 100 mg tablet
Akeega (niraparib-abiraterone Oral 50 mg-500 mg)	New Maximum Single Dose available: <ul style="list-style-type: none"> • 100 mg New Instructions available: <ul style="list-style-type: none"> • Take on an empty stomach, 1 hour before or 2 hours after food.
Akeega (niraparib-abiraterone Oral 100 mg-500 mg)	New Maximum Single Dose available: <ul style="list-style-type: none"> • 200 mg New Instructions available: <ul style="list-style-type: none"> • Take on an empty stomach, 1 hour before or 2 hours after food.
Columvi (Glofitamab-gxbm IV)	New Default Sig available: <ul style="list-style-type: none"> • 30 mg intravenously Piggyback once New Maximum Single Dose available: <ul style="list-style-type: none"> • 30 mg New Instructions available: <ul style="list-style-type: none"> • Use Obinutuzumab D1 fb Glofitamab-gxbm D8,15 fb D1 Q21D regimen to order this medication. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on administration, dose delays, and toxicity management.
Elrexio (elranatamab-bcmm Subcutaneous)	New Default Sig available: <ul style="list-style-type: none"> • 76 mg subcutaneously once New Maximum Single Dose available: <ul style="list-style-type: none"> • 76 mg New Instructions available:

Medication	Update
	<ul style="list-style-type: none"> Use Elranatamab-bcmm SQ D1,4,8 (Initial) or Elranatamab-bcmm D1,8,15,22 fb D1,15 Q28D (Maintenance) regimen to order this medication. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on preparation, administration, dose delays, and toxicity management. Elranatamab-bcmm is only available through a restricted distribution program, Elrexfio REMS.
Epkinly (Epcoritamab-bysp Subcutaneous)	<p>New Maximum Single Dose available:</p> <ul style="list-style-type: none"> 48 mg <p>New Instructions available:</p> <ul style="list-style-type: none"> Use Epcoritamab-bysp SQ D1,8,15,22 fb D1,15 fb D1 Q28D regimen to order this medication. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on administration, dose delays, and toxicity management.
<p>Gammagard Liquid (PF) (Immun Glob G (IgG)-Gly-IgA 50+ (PF) IV)</p> <p>Gammaked (PF) (Immune glob G (IgG)-Gly-IgA avg 46 (PF) IV (Gammaked))</p> <p>Gamunex-C (PF) (Immune glob G (IgG)-Gly-IgA avg 46 (PF) IV (Gamunex-C))</p> <p>Octagam (PF) 5 % (Immun glob G(IgG)-Malt-IgA 50+ (PF) IV 5 %)</p> <p>Panzyga (Panzyga (Immune globulin, Gamma(IgG)-ifas IV)</p>	<p>New Rounding Rule available:</p> <ul style="list-style-type: none"> 2500 mg
Leqembi (Lecanemab-irmb IV)	<p>New Default Sig available:</p> <ul style="list-style-type: none"> 10 mg/kg intravenously once; administer over 1 hours; admixture fluid 250 ml <p>New Maximum Single Dose available:</p> <ul style="list-style-type: none"> 1500 mg

Medication	Update
	<p>New Instructions available:</p> <ul style="list-style-type: none"> Dilute with 250 mL NS. Gently invert the infusion bag. Do not shake. Administer over 60 minutes through an IV line containing a low-protein binding 0.2 micron in-line filter. Monitor for infusion reaction. Consider antihistamine, non-steroidal anti-inflammatory drugs, or corticosteroid premedication for subsequent doses if infusion reaction occurs.
Leuprolide Subcutaneous (6 month)	<p>New Quick Sigs Options available:</p> <ul style="list-style-type: none"> Leuprolide 42 mg subcutaneously once; NOTE: This product is equivalent to Camcevi. Leuprolide 45 mg subcutaneously once; NOTE: This product is equivalent to Eligard. Leuprolide 45 mg subcutaneously once; NOTE: This product is equivalent to Fensolvi.
Mycophenolate Oral	<p>New Quick Sigs Options available:</p> <ul style="list-style-type: none"> 15 mg/kg (not to exceed 3 gram) orally 3 times per day
Octagam (PF) 10 % (Immun glob G(IgG)-Malt-IgA 50+ (PF) IV 10 %)	<p>New Rounding Rule available:</p> <ul style="list-style-type: none"> 2000 mg
PRO1184 invest IV	<p>New Form available:</p> <ul style="list-style-type: none"> 200 mg recon soln
Palmitoylethanolamide invest Oral	<p>New Synonym available:</p> <ul style="list-style-type: none"> OptiPEA
SGN-B6A invest IV	<p>New Form available:</p> <ul style="list-style-type: none"> 40 mg lyophilized powder
Tacrolimus Oral (Prograf)	<p>New Quick Sigs Options available:</p> <ul style="list-style-type: none"> 0.05 mg/kg orally As Directed 0.05 mg/kg orally As Directed
Talvey (talquetamab-tgvs Subcutaneous)	<p>New Default Sig available:</p> <ul style="list-style-type: none"> 0.4 mg/kg subcutaneously once <p>New Maximum Single Dose available:</p> <ul style="list-style-type: none"> 120 mg <p>New Instructions available:</p>

Medication	Update
	<ul style="list-style-type: none"> Use Talquetamab-tgvs SQ Weekly or Talquetamab-tgvs Biweekly Initial and Maintenance regimens to order this medication. Ordering this medication outside of a regimen is not recommended. See Prescribing Information for details on administration, dose delays, and toxicity management. Talquetamab-tgvs is only available through a restricted distribution program, Talvey REMS.
Vanflyta (quizartinib Oral)	<p>New Default Sig available:</p> <ul style="list-style-type: none"> 26.5 mg orally As Directed <p>New Maximum Single Dose available:</p> <ul style="list-style-type: none"> 53 mg <p>New Instructions available:</p> <ul style="list-style-type: none"> Take with or without food.

Regimen Library

Additions

Regimen Name	Diagnosis
Cytarabine CIV D1-7 + Daunorubicin D1-3 (7+3) + Quizartinib D8-21 (Induction)	Leukemia, Acute Myeloid (AML)
Cytarabine CIV D1-7 + Idarubicin D1-3 (7+3) + Quizartinib D8-21 (Induction)	Leukemia, Acute Myeloid (AML)
Cytarabine D1,3,5 (HiDAC) + Quizartinib D6-19 (Consolidation)	Leukemia, Acute Myeloid (AML)
Eflapegrastim-xnst Q14D	All Problems
Elranatamab-bcmm SQ D1,4,8 (Initial)	Multiple Myeloma (MM)
Elranatamab-bcmm SQ D1,8,15,22 fb D1,15 Q28D (Maintenance)	Multiple Myeloma (MM)
Immunoglobulin (IVIG) (Hypogammaglobulinemia)	All Problems
Lecanemab-irmb Q14D	Alzheimer's disease
Nivolumab + AVD A28D	Lymphoma, Hodgkin (HL)

Regimen Name	Diagnosis
Pembrolizumab (Dose Banding) + Paclitaxel + Carboplatin Q42D	Lung Cancer, Non-small Cell (NSCLC)
Pembrolizumab (Dose Banding) + Pemetrexed + Carboplatin Q42D	Lung Cancer, Non-small Cell (NSCLC)
Pembrolizumab + Pemetrexed Maintenance Q42D	Lung Cancer, Non-small Cell (NSCLC)
Talquetamab-tgvs SQ D1,4,7,15,22 fb D1,8,15,22 Q28D (Weekly Dosing: Initial fb Maintenance)	Multiple Myeloma (MM)
Talquetamab-tgvs SQ D1,4,7,10 (Biweekly Dosing: Initial)	Multiple Myeloma (MM)
Talquetamab-tgvs SQ D1,15 Q28D (Biweekly Dosing: Maintenance)	Multiple Myeloma (MM)
Thyrotropin alfa D1,2	Thyroid Cancer (Parent)

Updates

Antiemetic Prophylaxis

To improve ease of ordering antiemetic prophylaxis, a prechecked prescription order for oral ondansetron will be included in all regimens containing a moderate to high emetic risk oral oncolytic agent, per NCCN Guidelines. As an exception, oral oncolytic agents with risk for QT prolongation and therefore potential additive toxicity with ondansetron, will not have ondansetron prechecked. This month will conclude applicable 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
- Bile Duct Cancer (Parent)
- Breast Cancer
- Colon Cancer
- Fallopian Tube Cancer
- Gallbladder Cancer
- Leukemia, Acute Lymphocytic (ALL)
- Leukemia, Acute Myeloid (AML)
- Leukemia, Acute Promyelocytic (APL)
- Lung Cancer, Non-small Cell (NSCLC)
- Lymphoma, Hodgkin (HL)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Melanoma, Skin

- Ovarian and Primary Peritoneal Cancer
- Pancreatic Cancer
- Rectal Cancer
- Renal Cell Carcinoma (RCC)
- Sarcoma, Soft Tissue (Parent)
- Solid Tumors (Parent) (including HL/NHL) w/o CRC
- Thyroid Cancer (Parent)
- Uterine Cancer (Parent)
- Waldenstrom's Macroglobulinemia

Renames

Previous Name	New Name
Dacarbazine D1-5 Q21D	Dacarbazine D1-4 Q21D
Immunoglobulin (IVIg)	Immunoglobulin (IVIg) (ITP)
Lenalidomide D1-21 + Rituximab IV C1 D1,8,15,22 fb C4,6,8,10,12 Q28D (Part 1 of 2: Induction)	Lenalidomide D1-21 + Rituximab IV C1 D1,8,15,22 fb C4,6,8,10,12 Q28D (Part 1 of 2: Induction) (MCL)
Lenalidomide D1-21 + Rituximab IV C1 D1,8,15,22 Q28D	Lenalidomide D1-21 + Rituximab IV C1 D1,8,15,22 Q28D (DLBCL, MCL)
Lenalidomide D1-21 + Rituximab IV C1,3,5 Q28D (Part 2 of 2: Maintenance)	Lenalidomide D1-21 + Rituximab IV C1,3,5 Q28D (Part 2 of 2: Maintenance) (MCL)
Lenalidomide D1-21 + Rituximab IV D1,8,15,22 fb D1 Q28D	Lenalidomide D1-21 + Rituximab IV D1,8,15,22 fb D1 Q28D (Previously Treated) (FL)
Lenalidomide D1-21 + Rituximab IV fb SQ C1 D1,8,15,22 Q28D	Lenalidomide D1-21 + Rituximab IV fb SQ C1 D1,8,15,22 Q28D (DLBCL, MCL)
Lenalidomide D1-21 + Rituximab IV fb SQ D1,8,15,22 fb D1 Q28D	Lenalidomide D1-21 + Rituximab IV fb SQ D1,8,15,22 fb D1 Q28D (Previously Treated) (FL)

Research

Updates

	Updated Reference Information		
		Updated Drug Service Order Information	
			Updated Regimen Instructions
			Other Changes
USOR 18283	X		

	Updated Reference Information			
	Updated Drug Service Order Information			
	Updated Regimen Instructions			
	Other Changes			
USOR 20144	X	X	X	
USOR 20298	X	X	X	
USOR 21228	X	X		
USOR 21273		X		
USOR 21308	X	X	X	Now available: USOR 21308 ZN-c3 (Intermittent) Q21D
USOR 21468	X	X	X	
USOR 21527	X			
USOR 21538	X			Now available: USOR 21538 Continued Access Abemaciclib + Abiraterone + Prednisone Q28D
USOR 22017	X	X	X	
USOR 22041	X		X	<p>Now available:</p> <p>USOR 22041 Epcoritamab SC Q28D (DLBCL)</p> <p>USOR 22041 Epcoritamab SC Q28D (cFL)</p> <p>USOR 22041 Repriming Cycle Epcoritamab SC D1,8,15,22 Q28D (DLBCL)</p> <p>USOR 22041 Repriming Cycle Epcoritamab SC D1,8,15,22 Q28D (cFL)</p> <p>No longer available:</p> <p>USOR 22041 Epcoritamab SC Q28D</p> <p>USOR 22041 Repriming Cycle Epcoritamab SC D1,8,15,22</p>
USOR 22049		X	X	
USOR 22080	X	X	X	
USOR 22123	X		X	
USOR 22124	X	X		
USOR 22169	X	X		
USOR 22329	X		X	
USOR 23031	X	X		
USOR 23065	X			

Billing & HCPCS Codes

Please visit CMS's website for a complete list of **October 2023** [HCPCS quarterly updates](#)

Updates

Medication	HCPCS Codes
Anacaulase-bcdb Topical Gel 8.8 %	J7353 per 1 gram
Antihemophilic Factor VIII (Recomb, Fc-VWF-XTEN,BDD-eht)	J7214 per 1 unit
Avacincaptad pegol (PF)	J3490 per 2 mg
Axicabtagene Ciloleucel IV	Q2041 per 1 x 10e6 CARpos viable T cells Q2041 per 1 x 10e8 CARpos viable T cells
Bendamustine (Eugia)	J9033 per 1 mg
Bupivacaine liposome (PF)	J3490 per 1 mg
Corticotropin	J0801 per 40 units J0802 per 40 units
COVID vaccine (andusomeran) (PF) IM (6 months thru 11 yrs) (EUA)	91321 per <ul style="list-style-type: none"> • 0.25 mL • 25 mcg
COVID vaccine (andusomeran) (PF) IM (12 yrs & older)	91322 per <ul style="list-style-type: none"> • 0.5 mL • 50 mcg
COVID vaccine (raxtozinameran) (PF) IM (5 yrs thru 11 yrs) (EUA)	91319 per <ul style="list-style-type: none"> • 0.3 mL • 10 mcg
COVID vaccine (raxtozinameran) (PF) IM (6 months thru 4 yrs) (EUA)	91318 per <ul style="list-style-type: none"> • 0.3 mL • 3 mcg
COVID vaccine (raxtozinameran) (PF) IM (12 yrs & older)	91320 per <ul style="list-style-type: none"> • 0.3 mL • 30 mcg
Daptomycin (baxter) not therapeutically equivalent to J0878	J0874 per 1 mg
Elranatamab-bcmm	J9999 per 40 mg
Gadopiclenol	A9573 per 1 mL

Medication	HCPCS Codes
Herceptin (trastuzumab intrathecal)	J9355 per 10 mg
Human prothrombin complex concentrate (PCC)-lans	J3590 per 500 units
Kanjinti (trastuzumab-anns Intrathecal)	Q5117 per 10 mg
Mycophenolate	J7519 per 10 mg
Ogivri (trastuzumab-dkst Intrathecal)	Q5114 per 10 mg
Olanzapine	J2359 per 0.5 mg
Ontruzant (trastuzumab-dttb Intrathecal)	Q5112 per 10 mg
Pegcetacoplan (PF)	J2781 per 1 mg
Pegunigalsidase alfa-iwxj	J3590 per 20 mg
Pozelimab-bbfg	J3590 per 200 mg
Retifanlimab-dlwr	J9345 per 1 mg
Rezafungin	J0349 per 1 mg
Sulbactam-durlobactam IV 1 gram-1 gram (0.5 gram x 2)	J3490 per 1m gram
Talquetamab-tgvs	J9999 per 40 mg

HCPCS & NDC Crosswalk

Additions

Effective Oct. 1, 2023, unless noted*.

Medication (Brand)	HCPCS Code	NDC
Bendamustine (Eugia) (09/01/23*)	J9033 per 1 mg	55150039101 551500392012
Corticotropin	J0801 per 40 units	63004871001 63004871002
Corticotropin	J0802 per 40 units	62559086011 62559086015
Daptomycin (baxter) not therapeutically equivalent to J0878	J0874 per 1 mg	338071224 338071424

2024 ICD-10-CM

- For a complete list of Oct. 1, 2023 ICD-10-CM updates, please visit [2024 ICD-10-CM](#) downloads.
 - Breakdown of changes:
 - Additions – 395
 - Deletions – 25
 - Revisions - 22

Appendix A

Problem & Codes Summary

Additions

Problem	ICD-10 Codes
Isolated bone marrow mastocytosis	D47.02 - Systemic mastocytosis
Smoldering systemic mastocytosis	D47.02 - Systemic mastocytosis