

March 2026 Content Release Notes

March 26, 2026

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Clinical Profile Documentation

Additions

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

NRG1 fusion status is now available for documentation for Bile Duct Cancer (Parent) with the following documentation points:

- Positive
- Negative
- Other non-actionable finding
- Unknown

PD-L1 status is now available for documentation for Ovarian and Primary Peritoneal Cancer with the following documentation points:

- Positive (CPS \geq 1)
- Negative
- Unknown

Problem Groups

Updates

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

Curbside Connect with Dr. Tobenna Nwizu is no longer available for scheduling in Colon Cancer and Rectal Cancer.

PIK3CA/PIK3R1/PTEN alteration status has been updated for Colon Cancer and Rectal Cancer with the following documentation points:

- Alteration in PIK3CA, PIK3R1, or PTEN
- Wild type in PIK3CA, PIK3R1, or PTEN
- Other non-actionable finding
- Unknown

Lab Analytes & Panels

Summary

There were 22 new panels created and 24 new analytes created for the March release.

Additions

- ACTH stimulation, 3 specimen panel
- Allergic bronchopulmonary aspergillosis profile panel
- ANA 12 PlusProfile panel
- Andros baseline, ng/dL
- Andros stimulated, ng/dL
- Androstenedione, ACTH stimulation panel
- Anti-Golimumab Antibody, ng/mL
- Anti-Th/To Ab panel
- ASXL1 variant
- Chlamydia Ab IgG panel
- Chlamydia/gonococcus, NAA panel
- Chlamydia/gonococcus, rectal swab, NAA panel
- DNMT3A variant
- E. histolytica, amebic antibodies panel
- Early stage NSCLC panel
- Fungitell(R) (1-3)-B-D-glucan clinical relevance
- Fungitell(R) (1-3)-B-D-glucan reference value
- Fungitell(R) (1-3)-B-D-glucan result
- Genital mycoplasma profile NAA, urine panel
- Golimumab ab panel
- Golimumab, ug/mL
- HbcAb w/reflex panel
- Hemoglobin, unstable panel
- HIV-1 RNA PCR viral load panel
- HLA B57:01 abacavir hypersensitivity panel
- HPV 16 RNA, anal rectal
- HPV 18/45 RNA, anal rectal
- Mayo complete lung cancer mutations
- Mayo complete lung cancer mutations panel
- MDS mutation analysis only
- Neo amyloid A&P panel
- Neo pan tracer LBx panel
- Neo pan tracer tissue panel
- Nodify lung

- PHF6 variant
- RiskReveal panel
- RUNX1 variant
- SF3B1 variant
- SRSF2 variant
- Tempus XM next personal dx addendum report panel
- TET2 variant
- U2AF1 variant
- UGT1A1 additional info
- UGT1A1 disclaimer
- UGT1A1 method
- UGT1A1 reviewed by

Medications

Additions

- ABBV-706 invest IV
- IDRX-42 (GSK6042981) invest Oral
- KQB168 invest Oral
- LY4170156 invest IV
- NX-5948 invest Oral
- Plixorafenib invest Oral
- Punitamig (BMS-986545) or Pembrolizumab invest IV

Updates

Medications	Updates
<p>Avsola (Infliximab-axxq IV) Inflectra (Infliximab-dyyb IV) Remicade (Infliximab IV) Renflexis (Infliximab-abda IV)</p>	<p>New Instructions available:</p> <ul style="list-style-type: none"> • Dilute to a total volume of 250 mL to a final concentration of 0.4 mg/mL to 4 mg/mL. Infuse over at least 2 hours with a low protein binding filter (1.2 micron or less). Monitor for infusion reactions. <p>New SIG available:</p> <ul style="list-style-type: none"> • 5 mg/kg intravenously once; administer over 2 hours; admixture fluid 250 ml of 0.9% Sodium Chloride

Medications	Updates
Ferumoxytol IV (Feraheme)	New Method available: <ul style="list-style-type: none"> • Piggyback New SIG available: <ul style="list-style-type: none"> • 0 mg intravenously Piggyback once
MK-2870 invest IV	Category updated from Antineoplastic to: <ul style="list-style-type: none"> • Therapeutic New Form available: <ul style="list-style-type: none"> • 160 mg recon soln
MRTX1719 invest Oral	New Form available: <ul style="list-style-type: none"> • 600 mg tablet
PF-08634404 or Bevacizumab invest IV	New Form available: <ul style="list-style-type: none"> • 100 mL bag
Rybrevant Faspro (amivantamab-hyaluronidase-lpuj Subcutaneous)	New Maximum Single Dose available: <ul style="list-style-type: none"> • 4640 mg New Instructions available: <ul style="list-style-type: none"> • Dose adjustments not required for subsequent body weight changes. • Do NOT further dilute. FOR SUBCUTANEOUS ADMINISTRATION ONLY. • Administer into the abdomen over 5 minutes using a 21G to 23G needle or infusion set to ensure ease of administration. Do not inject into tattoos or scars or areas where the skin is red, bruised, tender, hard, not intact or within 2 inches of the periumbilical area. Pause or slow the delivery rate if the patient experiences pain. If pain is not alleviated, a second injection site may be chosen on the opposite side of the abdomen to deliver the remainder of the dose. • If immediate administration is not possible, replace the transfer needle with a syringe closing cap for transport. If administering with a subcutaneous infusion set, ensure that the full dose is delivered, 0.9% sodium chloride solution may be utilized to flush remaining drug product through the line. • NOTE: This is RYBREVANT FASPRO.

Medications	Updates
	<p>New SIGs available:</p> <ul style="list-style-type: none"> • amivantamab-hyaluronidase-lpuj 1,600 mg subcutaneously once; (weight less than 80 kg, First dose, in combination with carboplatin and pemetrexed) • amivantamab-hyaluronidase-lpuj 1,600 mg subcutaneously once; (weight less than 80 kg, weeks 1 to 4, in combination with lazertinib or as single agent) • amivantamab-hyaluronidase-lpuj 2,240 mg subcutaneously once; (weight greater than or equal to 80 kg, first dose, in combination with carboplatin and pemetrexed) • amivantamab-hyaluronidase-lpuj 2,240 mg subcutaneously once; (weight greater than or equal to 80 kg, weeks 1 to 4, in combination with lazertinib or as single agent) • amivantamab-hyaluronidase-lpuj 2,240 mg subcutaneously once; (weight less than 80 kg, subsequent dose, in combination with carboplatin and pemetrexed) • amivantamab-hyaluronidase-lpuj 3,360 mg subcutaneously once; (weight greater than or equal to 80 kg, subsequent dose, in combination with carboplatin and pemetrexed) • https://ontada.atlassian.net/browse/LM-14079 3,520 mg subcutaneously once; (weight less than 80 kg, every 4-week dosing, in combination with lazertinib or as single agent, start week 5) • amivantamab-hyaluronidase-lpuj 4,640 mg subcutaneously once; (greater than or equal to 80 kg, every 4-week dosing, in combination with lazertinib or as single agent, start week 5)
Pumitamidol (BNT327) inject IV	<p>New Form available:</p> <ul style="list-style-type: none"> • 50 mg/mL (10 mL) solution <p>New SIG available:</p> <ul style="list-style-type: none"> • 0 mg intravenously once • 1,200 mg intravenously once

Medications	Updates
ZL-1310 invest IV	New Form available: <ul style="list-style-type: none"> • 50 mg recon soln New SIG available: <ul style="list-style-type: none"> • 0 mg/kg intravenously once

Regimen Library

Additions

Regimen Name	Diagnosis
Narsoplimab IV Q7D	All Problems
Palbociclib D1-21 + Anastrozole + Anti-HER2 Q28D (Palbociclib + Anastrozole Only)	Breast Cancer
Palbociclib D1-21 + Anastrozole + GnRH + Anti-HER2 Q28D (Palbociclib + Endocrine Only)	Breast Cancer
Palbociclib D1-21 + Exemestane + Anti-HER2 Q28D (Palbociclib + Exemestane Only)	Breast Cancer
Palbociclib D1-21 + Exemestane + GnRH + Anti-HER2 Q28D (Palbociclib + Endocrine Only)	Breast Cancer
Palbociclib D1-21 + Letrozole + Anti-HER2 Q28D (Palbociclib + Letrozole Only)	Breast Cancer
Palbociclib D1-21 + Letrozole + GnRH + Anti-HER2 Q28D (Palbociclib + Endocrine Only)	Breast Cancer

Updates

Treatment Parameters

Treatment Parameters orders have been integrated into iKnowMed regimen templates to support safe, consistent, and evidence-based treatment decisions at the point of care. These standardized laboratory thresholds appear as prechecked informational orders at the top of applicable regimens, improving visibility while preserving provider judgment and local workflow flexibility. The initial release introduces Treatment Parameters within commonly used fluorouracil (5 FU) regimens, with a phased expansion to additional clinic administered regimens planned following Network feedback. Treatment Parameters were developed through a collaborative, consensus driven governance process and approved by the Collaborative Care Committee and P&T Executive Committee. Education and

supporting resources, including quick reference guides and Help content, are available to assist providers, nurses, and pharmacists with review, editing, and workflow integration.

Regimens for the following diagnoses have been updated based on the Collaborative Care Committee voting. Changes include but are not limited to reference updates, drug infusion instruction updates, renaming regimens, premedication template updates, and number of cycles.

- All Problems
- Anal Cancer (Parent)
- Bile Duct Cancer (Parent)
- Bladder Cancer
- Breast Cancer
- Cervical Cancer
- Colon Cancer
- Esophageal Cancer (Parent)
- Fallopian Tube Cancer
- Gastric Cancer
- Gallbladder Cancer
- Head and Neck Cancer (Parent)
- Leukemia, Chronic Lymphocytic (CLL)
- Lung Cancer, Non-small Cell (NSCLC)
- Lymphoma, Non-Hodgkin (NHL) (Parent)
- Neuroendocrine Tumor, Carcinoid (Parent)
- Ovarian and Primary Peritoneal Cancer
- Pancreatic Cancer
- Pancreatic Cancer, Carcinoid/Neuroendocrine
- Prostate Cancer
- Rectal Cancer
- Renal Pelvis and Ureter Cancer
- Urethral Cancer
- Uterine Cancer (Parent)

Renames

Previous Name	New Name
Fam-Trastuzumab Deruxtecan-nxki (Enhertu) (5.4 mg/kg) Q21D	Fam-Trastuzumab Deruxtecan (Enhertu) (5.4 mg/kg) Q21D
Mirvetuximab soravtansine-gynx (Elahere) + Bevacizumab Q21D	Mirvetuximab soravtansine (Elahere) + Bevacizumab Q21D
Mirvetuximab soravtansine-gynx (Elahere) Q21D	Mirvetuximab soravtansine (Elahere) Q21D
Pembrolizumab (Flat Dose) + Paclitaxel D1,8,15,22,29,36 + Carboplatin D1,8,15,22,29,36 Q42D fb Pembrolizumab (Flat Dose) + Doxorubicin + Cyclophosphamide (AC) D1,15,29 Q42D Dose Dense	Pembrolizumab + Paclitaxel (Weekly) + Carboplatin (Weekly) Q42D fb Pembrolizumab + AC (Dose Dense) Q42D
Pembrolizumab + Paclitaxel D1,8,15 + Carboplatin Q21D fb Pembrolizumab + Doxorubicin + Cyclophosphamide (AC) Q21D	Pembrolizumab + Paclitaxel (Weekly) + Carboplatin Q21D fb Pembrolizumab + AC Q21D
Pembrolizumab + Paclitaxel D1,8,15 + Carboplatin D1,8,15 Q21D fb Pembrolizumab + Doxorubicin + Cyclophosphamide (AC) Q21D	Pembrolizumab + Paclitaxel (Weekly) + Carboplatin (Weekly) Q21D fb Pembrolizumab + AC Q21D
Pembrolizumab SQ + Paclitaxel D1,8,15 + Carboplatin D1,8,15 Q21D fb Pembrolizumab SQ + Doxorubicin + Cyclophosphamide (AC) Q21D	Pembrolizumab SQ + Paclitaxel (Weekly) + Carboplatin (Weekly) Q21D fb Pembrolizumab SQ + AC Q21D
Pembrolizumab SQ + Paclitaxel D1,8,15 + Carboplatin Q21D fb Pembrolizumab SQ + Doxorubicin + Cyclophosphamide (AC) Q21D	Pembrolizumab SQ + Paclitaxel (Weekly) + Carboplatin Q21D fb Pembrolizumab SQ + AC Q21D
Polatuzumab Vedotin D1 + Mosunetuzumab-axgb (Lunsumio) D1,8,15 fb D1 Q21D	Polatuzumab Vedotin D1 + Mosunetuzumab (Lunsumio) D1,8,15 fb D1 Q21D

Billing & HCPCS Codes

Updates

The March 2026 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 at <https://www.cms.gov/medicare/coding-billing/healthcare-common-procedure-system/current-prior-years-level-ii-coding-decisions>.

Please visit the CMS website for a complete list of April 2026 [HCPCS quarterly updates](#).

The following products have not been released per First Databank (FDB):

- J1098 Articaine ophthalmic, 8% solution, 0.4 ml
- J9003 Leuprolide injectable (camcevi etm), 1 mg

Additions

Medication	HCPCS Codes
Aprepitant IV	J3490 per 32 mg
Atropine IV	J3490 per 1 mg
Dihydroergotamine Subcutaneous Auto-Injector	J3490 per 1 mg
Ferumoxytol IV (Ferabright)	J3490 per 510 mg
Immune Globulin, Gamma (IgG)-kthm IV	J3590 per 5000 mg
Leucovorin IM	J3490 per 50 mg J3490 per 350 mg J3490 per 500 mg
Leucovorin IV	J3490 per 50 mg J3490 per 350 mg J3490 per 500 mg
Pegzilarginase-nbln Subcutaneous	J3590 per 5 mg
Piflufolastat F 18 IV	J3490 per 333 MBq
Tocilizumab-anoh Subcutaneous	J3590 per 162 mg
Tocilizumab-anoh Subcutaneous Pen Injector	J3590 per 162 mg

The following HCPCS codes will be effective April 1, 2026:

Medication	HCPCS Codes
Aprepitant IV	J8502 per 1 mg
Atropine Endotracheal	J0463 per 0.01 mg
Atropine IM	J0463 per 0.01 mg
Atropine Intraosseous	J0463 per 0.01 mg
Atropine Intratracheal	J0463 per 0.01 mg
Atropine IV	J0463 per 0.01 mg

Medication	HCPCS Codes
Atropine Nebulized	J0463 per 0.01 mg
Atropine Oral	J0463 per 0.01 mg
Atropine Subcutaneous	J0463 per 0.01 mg
Atropine via Feeding Tube	J0463 per 0.01 mg
Carboplatin Intraperitoneal	J9278 per 1 mg
Carboplatin IV	J9278 per 1 mg
Denosumab-kyqq Subcutaneous (120 mg/1.7 mL - Aukelso)	Q5161 per 1 mg
Denosumab-kyqq Subcutaneous (60 mg/mL - Bosaya)	Q5161 per 1 mg
Denosumab-nxxp Subcutaneous (120 mg/1.7 mL - Bilprevda)	Q5162 per 1 mg
Denosumab-nxxp Subcutaneous (60 mg/mL - Bildyos)	Q5162 per 1 mg
Diltiazem IV	J1164 per 0.5 mg
Gemcitabine Intravesical Implant	J9183 per 225 mg
Immune Globulin, Gamma(IgG)-dira (PF) IV	J1553 per 100 mg
Linvoseltamab-gcpt IV	J9601 per 1 mg
Pembrolizumab-Berahyaluronidase-pmph Subcutaneous 395 mg-4,800 unit/2.4 mL	J9277 per 1 mg
Pembrolizumab-Berahyaluronidase-pmph Subcutaneous 790 mg-9,600 unit/4.8 mL	J9277 per 1 mg
Tocilizumab-aazg IV	Q0238 per 1 mg
Zopapogene Imadenovec-drba Subcutaneous	J3404 per: <ul style="list-style-type: none"> • 1 dose • 5x 10e11 particle unit

NDC – HCPCS Crosswalk

Updates

The CMS ASP pricing can be found at <https://www.cms.gov/medicare/payment/part-b-drugs/asp-pricing-files>.

Additions

Medication (Brand)	HCPCS Codes	NDC
Aprepitant (Aponvie)	J3490 per 32 mg	47426040101 47426040110
Atropine (Fresenius & TE)	J3490 per 1 mg	00641625101 00641625110 16729051205 16729051246 63323058003 63323058020 70069048101 70069048110 70518432900 70518432901 70518418800 70518418801
Piflufolastat F 18 (Pylarify TruVu)	A9597 per 333 MBq	85347000101
Leucovorin (Vyckoura)	J3490 per: <ul style="list-style-type: none"> • 50 mg • 350 mg • 500 mg 	<ul style="list-style-type: none"> • 83831014705 • 83831014835 • 83831014950

The following NDC-HCPCS crosswalks will be effective April 1, 2026:

Medication (Brand)	HCPCS Codes	NDC
Aprepitant (Aponvie)	J8502 per 1 mg	47426040101 47426040110
Atropine (Fresenius & TE)	J0463 per 1 mg	00641625101 00641625110 16729051205 16729051246 63323058003 63323058020 70069048101 70069048110 70518432900 70518432901 70518418800 70518418801
Carboplatin (Avyxa)	J9278 per 1mg	83831014108 83831014250
Denosumab-kyqq (Aukelso/Bosaya)	Q5161 per 1 mg	83257002941 83257003011
Denosumab-nxxp (Bildyos/Bilprevda)	Q5162 per 1 mg	78206019301 78206019501
Immune Globulin (Yimmugo)	J1553 per 100 mg	83372060501 83372060502 83372060511 83372060512 83372060521 83372060522