2025 Quality ID PIMSH17: Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure)

--**High Priority Type:** Efficiency
--**Measure Type**: Appropriate Use

2025 COLLECTION TYPE:
QCDR-- Practice Insights by McKesson in Collaboration with The US Oncology Network

DATA SOURCE USED FOR THE MEASURE:
Practice Insights by McKesson in Collaboration with The US Oncology Network - QCDR - EHR: medical record, progress note

DESCRIPTION:
Percentage of patients with cancer (solid tumors only) receiving any white cell growth factors during the first cycle of low-risk chemotherapy.

DENOMINATOR:
Total number of patients with cancer (solid tumors only) receiving their first cycle of low-risk chemotherapy within the measurement period AND patient encounter during the measurement period

DENOMINATOR NOTE:
Low-risk chemotherapy is defined as any antineoplastic or immunotherapy agent (excluding hormonal treatment) where the risk of febrile neutropenia is <10%.

DENOMINATOR EXCEPTION:
None

DENOMINATOR EXCLUSION:
Patients on clinical trial at the time of treatment

NUMERATOR:
Patients ordered GCSF within 7 days following receipt of chemotherapy

NUMERATOR GUIDANCE:
It is anticipated that most patients will receive GCSF treatment within the oncology office setting. However, to account for patients who require GCSF treatment administration through a specific pharmacy or outpatient facility due to insurance coverage, additional numerator guidance includes:

1) Patients with an order for GCSF that is administered on or within 7 days of chemotherapy administration OR

2) Patients ordered GCSF via outpatient prescription 7 days prior to and up to 7 days after chemo administration.

NUMERATOR EXCLUSION:
None

TELEHEALTH:
Included

REPORTING OPTIONS:
MVP, Traditional MIPS

CLINICAL RECOMMENDATION STATEMENTS:
This measure is endorsed by the US Oncology Network of Physicians. Recommendations for the Use of WBC Growth Factors: American Society of Clinical Oncology Clinical Practice Guideline Updates (2015). ASCO guidelines recommend using white cell stimulating factors when the risk of febrile neutropenia, secondary to a recommended chemotherapy regimen, is approximately 20 percent and equally effective treatment programs that do not require white cell stimulating factors are unavailable.
Exceptions should be made when using regimens that have a lower chance of causing febrile neutropenia if it is determined that the patient is at high risk for this complication (due to age, medical history, or disease characteristics). American Society of Clinical Oncology Ten Things Physicians and Patients Should Question. Released April 4, 2012 (1-5) and October 29, 2013 (6-10).
GCSF prophylaxis should be used for patients when there is a significant risk of developing febrile neutropenia. NCCN Guidelines dictate that patients receiving low-risk chemotherapy regimens, as defined by a febrile neutropenia risk of <10%, are not indicated to receive prophylactic GCSF treatment. *NCCN Clinical Practice Guidelines in Oncology: Hematopoietic Growth Factors (Version 3.2024). Retrieved March 26, 2024, from NCCN.org.*

QCDR MEASURE RATIONALE:
ASCO states that despite the widespread use of GCSFs, their use as primary prophylaxis of febrile neutropenia in the clinical setting varies widely and is inconsistent with guidelines.

A recent retrospective cohort study corresponding to nearly 3,000 patients also demonstrated that through greater guideline awareness and practice policy initiatives, there was a positive effect on GCSF prescription patterns and greater adherence to clinical guidelines. This resulted in a more cost-effective approach for patients with metastatic colorectal cancer without affecting mortality rates. JCO Oncology Practice 17, no. 11 (November 01, 2021) e1830-e1836.

These performance measures are not clinical guidelines and do not establish a standard of medical care and have not been tested for all potential applications.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.

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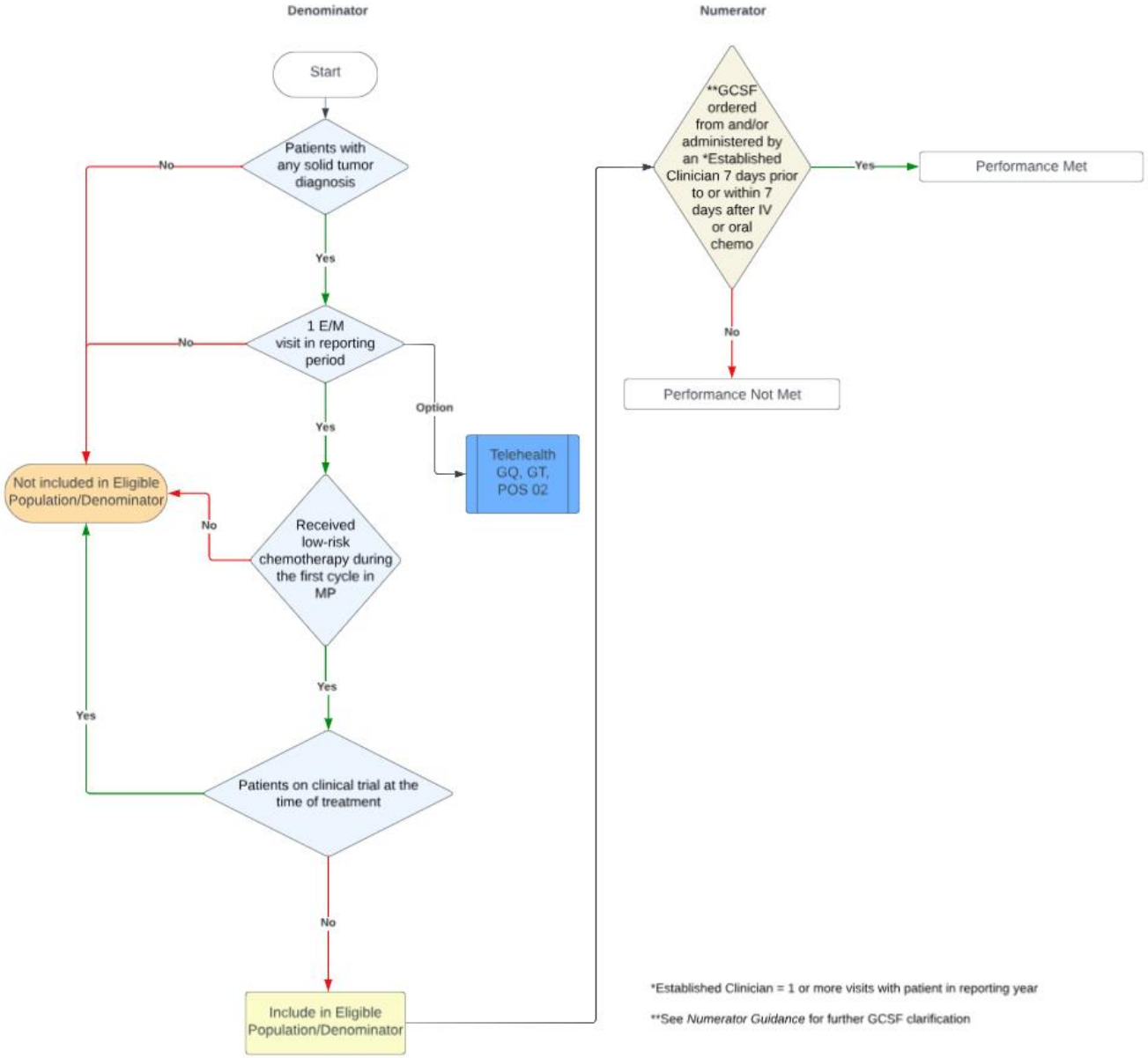
Disclaimer: *Refer to the measure specification details and value sets for measure guidance.*



Value Sets and Guidance for PIMSH17: Oncology: Utilization of Prophylactic GCSF for Cancer Patients Receiving Low-Risk Chemotherapy (inverse measure)

Diagnosis Codes: *Reference pertinent codes that distinctly indicate solid tumor cancer types*

GCSF Drug Codes:

HCPCS	Generic Name	Brand Name
J1442	**Filgrastim (g-csf), excludes biosimilars**	Neupogen
J1446	**Tbo-filgrastim**	Granix
J1447	**Injection, tbo-filgrastim**	Granix
C9096	**filgrastim-ayow**	Releuko
Q5125	**filgrastim-ayow**	Releuko
Q5101	**filgrastim-sndz**	Zarxio
Q5110	**filgrastim-aafi**	Nivestym
J2505	**pegfilgrastim**	Neulasta
J2506	**pegfilgrastim**	Neulasta
Q5108	**pegfilgrastim-jmdb**	Fulphila
Q5111	**pegfilgrastim-cbqv**	Udenyca
Q5120	**pegfilgrastim-bmez**	Ziextenzo
C9058	**pegfilgrastim-bmez**	Ziextenzo
Q5122	**pegfilgrastim-apgf**	Nyvepria
Q5130	**pegfilgrastim-pbbk**	Fylnetra
Q5127	**pegfilgrastim-fpgk**	Stimufend
J1449	**Eflapegrastim-xnst**	Rolvedon

Note: *Reference NCCN chemotherapy guidance for drugs and regimens at low risk for inducing febrile neutropenia.*

Evaluation and Management Codes	Telehealth Modifiers
99202 **99203** **99204** **99205** **99212** **99213** **99214** **99215**	**GQ** **GT** **POS 02**

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