

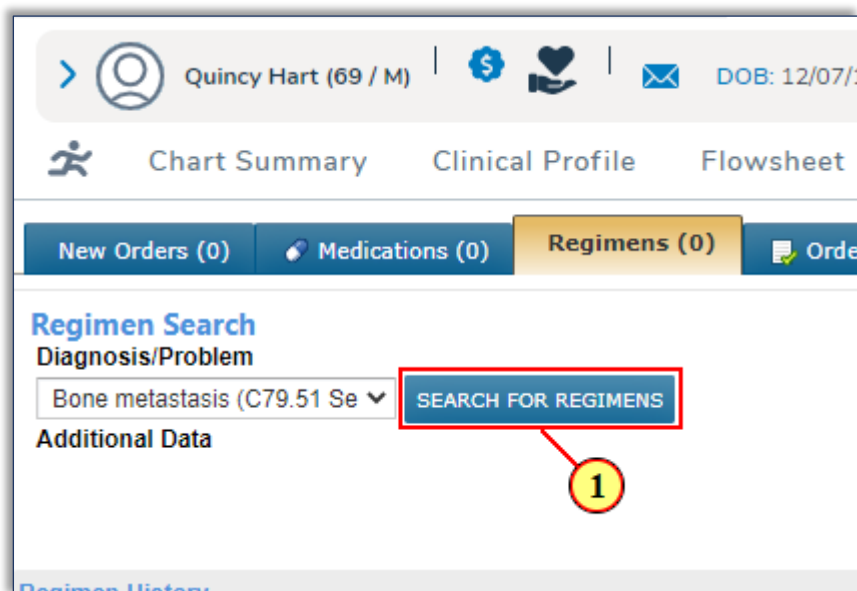
# PIMSH 19 Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents- Avoidance of Overuse

In this lesson, you will learn the documentation for MIPS **#PIMSH19: Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents- Avoidance of Overuse** quality measure.

This is an inverse measure; a lower score indicates better performance.

- **Low-emetic-risk antineoplastic agents** - Adults treated with low-emetic-risk antineoplastic agents should be offered a single dose of a 5-HT3 receptor antagonist or a single 8-mg dose of dexamethasone before *their first-ever antineoplastic treatment* (Type: informal consensus, benefits outweigh harms; Evidence quality: low, Strength of recommendation: moderate).
- **Minimal-emetic-risk antineoplastic agents** - Adults treated with minimal-emetic-risk antineoplastic agents should not be offered routine antiemetic prophylaxis *before their first-ever antineoplastic treatment* (Type: informal consensus, benefits outweigh harms; Evidence quality: low; Strength of recommendation: moderate).

**Numerator note:** For the purposes of this measure, an anti-emetic order will be considered as “intent to administer” and will be included in the numerator even if not administered.



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1. In the **Orders** tab, go to **Regimens**.  
Select the diagnosis from the drop-down and click **SEARCH FOR REGIMENS**.

Regimen Type: Show Definitions

- Chemotherapy
- Immunotherapy
- Targeted therapy
- Hormone
- Supportive care 2
- Other

**CANCEL**

2. Select the appropriate **Regimen Type**.

Medical Info Filter Chemotherapies by:  **CLEAR**

BEACOPP (Escalated) Q21D <a href="#">🔗</a>	unknown	high (80-90%)	<b>SELECT</b>
Belimumab IV Q28D <a href="#">🔗</a>	unknown	minimal (<10%)	<b>SELECT</b>
Belinostat D1-5 Q21D <a href="#">🔗</a>	unknown	low (10-20%)	<b>SELECT</b>
Belumosudil Q30D <a href="#">🔗</a>	wbc gf not applicable	low (10-20%)	<b>SELECT</b>
Belzutifan Q30D <a href="#">🔗</a>	low (<10%)	minimal (<10%)	<b>SELECT</b>
Bendamustine (90 mg/m2) D1,2 Q28D (CAR T-cell Therapy Lymphodepletion) <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>
Bendamustine D1,2 + Rituximab IV (BR) Q28D <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>
Bendamustine D1,2 + Rituximab IV fb SQ (BR) Q28D <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>
Bendamustine D1,2 + Rituximab IV Q28D (CLL Frontline: BR 90 mg/m2) <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>
Bendamustine D1,2 + Rituximab IV Q28D (CLL Relapsed: BR 70 mg/m2) <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>
Bendamustine D1,2 Q21D <a href="#">🔗</a>	low (<10%)	moderate-high (60-90%)	<b>SELECT</b>

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3. Select the desired regimen.

The emetogenic risk is provided for each regimen as low, minimal, moderate, or high.

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Regimen Name \* (as it will appear on the flowsheet)  
 Belinostat D1-5 Q21D

Emetic potential: Emetic Risk: Low (10-29%)  
 FN potential: Unknown

Cycle \* Starting On \* Start Date  
 21 6 1 1 06/01/2023  
Length # of Cycles Cycle Day

Patient Height / Weight (missing) BSA (DuBois And DuBois) 0.00 m2 ADD NEW VITAL SIGNS

References  
 Patient Education  
 Belinostat  
 Estimated Infusion time  
 1 hour, 0 minutes

Associated Problem \* Line of Therapy \* Stage Treatment Intent  
 Bone metastasis (C) Select Select Select

Regimen Comments Instructions to Ordering Provider

Requires Financial Approval

Ordered from Location\* Central Region-Boulder Clini


Perform Location  
 Unspecified-to be completed by Scheduler  
 Specified

Type Select Location Search Locations

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OK CANCEL

4. Complete the Regimen Details and click OK.



While reviewing the regimen orders, medications can be removed. For low to minimal emetogenic risk regimens, avoid administering inappropriate pre-treatment antiemetic therapy.

Exception: Applies to **BOTH** low- **and** minimal-emetic–risk regimens:

- An exception applies when an antiemetic is:
  - Ordered PRN (“as needed”) only, or
  - Ordered for “other” indications (i.e., not for prevention of chemotherapy-induced nausea and vomiting related to the measured regimen)

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PREMEDICATIONS	Add an Order	Search Orderables	Dose	Calculated Dose	Schedule
<input type="checkbox"/> <b>Granisetron Oral</b> Granisetron Oral 1 mg tablet 2 mg orally every day as needed. Dispense: 6 Tablet Refills: 0 Allow Substitution			2 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Ondansetron Oral</b> Ondansetron Oral 8 mg tablet 8 mg orally every 8 hours as needed for nausea. Max 24 mg in 24 hrs. Dispense: 90 Tablet Refills: 0 Allow Substitution			8 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Ondansetron Oral Disintegrating Tablet</b> Ondansetron Oral Disintegrating Tablet 8 mg tablet, disintegrating 8 mg orally every 8 hours as needed for nausea. Max 24 mg in 24 hrs. Dispense: 30 Tablet Refills: 0 Allow Substitution			8 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Dexamethasone IV</b> Dexamethasone IV 10 mg intravenously Piggyback once. Admin over: 20 minutes Admix fluid: 0.9 % Sodium Chloride Volume: 50 mL			10 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Dexamethasone Oral</b> Dexamethasone Oral 4 mg tablet 8 mg orally every day. Take 8 mg PO on days 2-4. Dispense: 10 Tablet Refills: 0 Allow Substitution			8 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Prochlorperazine IV</b> Prochlorperazine IV 10 mg intravenously Push once. Admin over: 10 minutes			10 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Prochlorperazine Oral</b> Prochlorperazine Oral 10 mg tablet 10 mg orally every 6 hours as needed for nausea. Dispense: 30 Tablet Refills: 0 Allow Substitution			10 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Metoclopramide Oral</b> Metoclopramide Oral 10 mg tablet 20 mg orally every 4 hours as needed for nausea. Dispense: 50 Tablet Refills: 0 Allow Substitution			20 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1
<input type="checkbox"/> <b>Lorazepam IV</b> Lorazepam IV 0.5 mg intravenously once.			0.5 mg		C1D1,C2D1,C3D1,C4D1,C5D1,C6D1,C7D1,C8D1

5. Review the medications included in the regimen. To avoid meeting numerator criteria, do not add NK1 receptor antagonist, 5-HT3 receptor antagonist, olanzapine, or dexamethasone to the orders. See list of medications included on the Value Sets attached to the help menu page.

**Olanzapine Oral, 2.5 mg tablet. 1 tablet orally every day at bedtime prn . Dispense 12 Tablet. Refills: 0**

Form: 2.5 mg tablet | Dose: 1 | Unit: tablet

Route: orally | Frequency: every day at bedtime |  PRN | Reason for order: Select

Instructions:  Instructions replace required fields | Instructions to Pharmacist

Characters used: 47 (Max for eRx=140)

Allow substitutions.

6. Patients prescribed olanzapine, 5-HT3 RA, or dexamethasone as PRN or for other indication are considered measure exceptions.

This concludes the lesson for the MIPS #PIMSH19: Antiemetic Therapy for Low- and Minimal-Emetic-Risk Antineoplastic Agents- Avoidance of Overuse quality measure.