Clinical Rules Editor

Allscripts Touchworks

About This Guide

This Guide provides a high-level overview of the Clinical Rules Editor in Allscripts Touchworks. The overview is meant to provide guidance for you, your practice electronic health record (EHR) champion, or IT staff.

Experienced users are the main focus of this Guide; not every step is included in the instructions, and this is not a replacement for training from Allscripts Touchworks. There are several ways to approach each workflow in Allscripts Touchworks. This Guide highlights one workflow; however, you may be familiar with an alternative approach. Please note that this Guide was created based upon Allscripts Touchworks version 11.3.1. Screens and features may change as new software versions are released.

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Using The Clinical Rules Editor

Clinical decision support (CDS) tools such as the Clinical Rules Editor provide clinicians and staff with patient-specific information, intelligently filtered and presented at appropriate times to help improve the delivery of care. Clinical Rules can assist with identifying gaps-in-care and may enhance patient outcomes and improve care consistency—a benefit to both providers and patients.

Reminders can be created to alert health care professionals (HCPs) to consider PRALUENT therapy for appropriate patients during the visit.

Factors That May Impact Reminders

The display of reminders may be impacted by the clinical data available in the EHR; for example, if lab results are saved in the EHR as a PDF file and not available for use as 'data' to be queried. Additionally, in those cases where lab results are received from multiple laboratories, it may be necessary to select each lab's order codes to enable all appropriate patients to display alerts. Also, medications prescribed before the EHR was implemented might not be included in a patient's medications list. These information gaps can limit the number of patients where alerts are displayed.

Reminders can help identify whether the patient is a candidate for PRALUENT treatment based on clinical appropriateness and payer utilization management criteria via:

- Reminders during the patient exam workflow, such as ordering lab tests or other diagnostics, adjusting or adding medications to a patient's treatment plan, or providing patient education on LDL-C goals
- Identification of patients who, for example, have clinical atherosclerotic cardiovascular disease (ASCVD) and are on maximally tolerated statin therapy atorvastatin 40 mg/day and having elevated LDL-C ≥70 mg/dL or ≥100 mg/dL, depending on insurance

IMPORTANT SAFETY INFORMATION

- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve

Please see accompanying full Prescribing Information

Praluent® (alirocumab) Injection 75mg/mL 150mg/mL

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Reminders: Using the Clinical Rules Editor

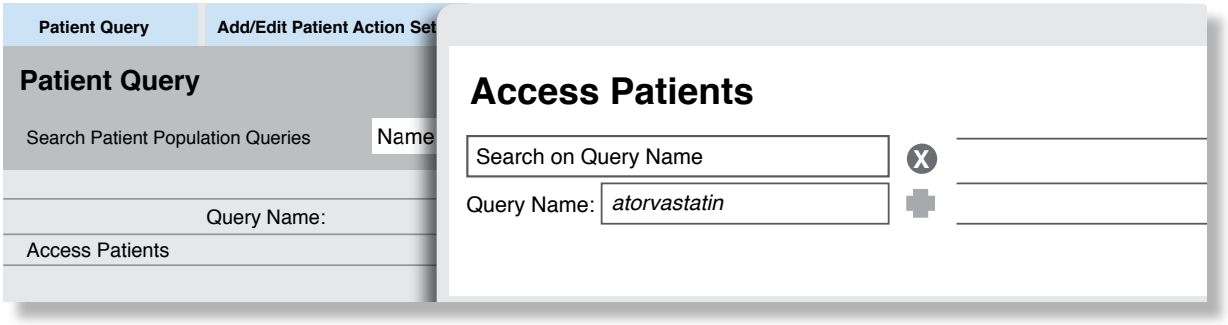
Allscripts Touchworks enables the setup of reminders based on criteria set in the Clinical Rules Editor. Available criteria include diagnosis, current and prior medications, lab values, and other clinical or patient demographic information. The reminder is displayed when the data in the patient chart meet the criteria.

For example, a reminder may be created to alert the HCP of patients with uncontrolled LDL-C who are clinically appropriate and approvable for PRALUENT therapy based upon the approved Indication.

The following steps illustrate how to create reminders to identify patients who may be candidates for treatment with PRALUENT.

To Create a Reminder:

1. Using the EHR patient identification tip sheet, create and name a Patient Query



IMPORTANT SAFETY INFORMATION

- The most commonly occurring adverse reactions (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza

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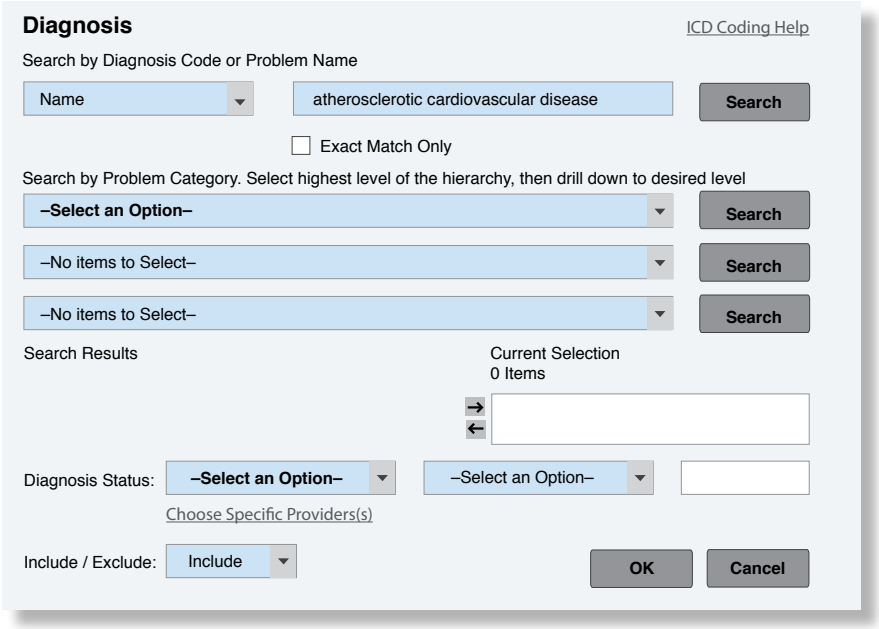
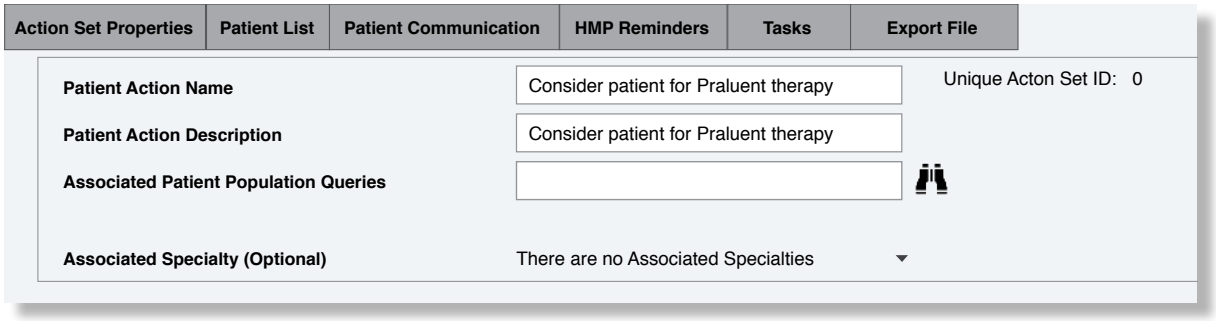
Reminders: Using the Clinical Rules Editor

2. Search for and select criteria for the query; for example, diagnoses, lab results, and medications (eg, atorvastatin 40 mg/day)



3. Search for and select the orderable item to be used to create the reminder, and create new Action Set



IMPORTANT SAFETY INFORMATION

- Local injection site reactions including erythema/redness, itching, swelling, and pain/tenderness were reported more frequently in patients treated with PRALUENT 75 mg and/or 150 mg every 2 weeks (7.2% versus 5.1% for PRALUENT and placebo, respectively). Few patients discontinued treatment because of these reactions (0.2% versus 0.4% for PRALUENT and placebo, respectively), but patients receiving PRALUENT had a greater number of injection site reactions, had more reports of associated symptoms, and had reactions of longer average duration than patients receiving placebo

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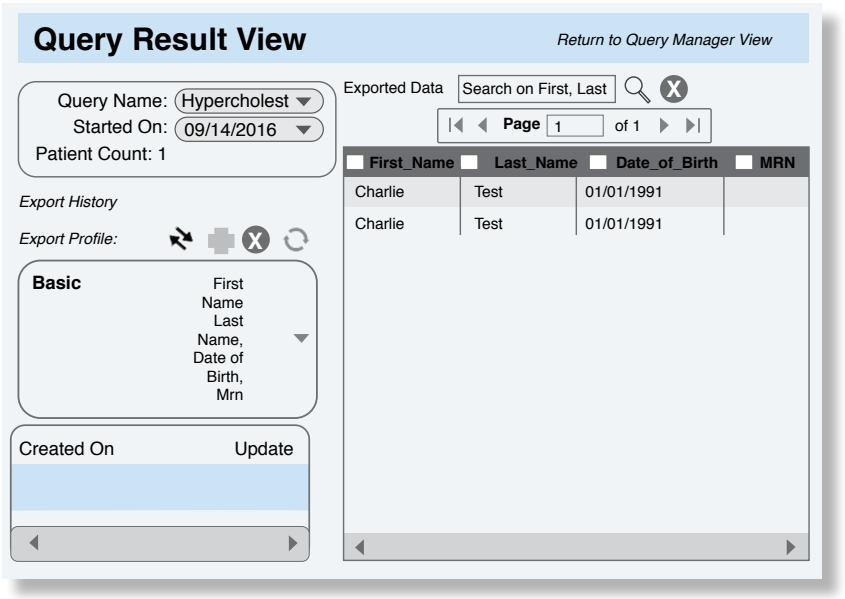
Reminders: Using the Clinical Rules Editor

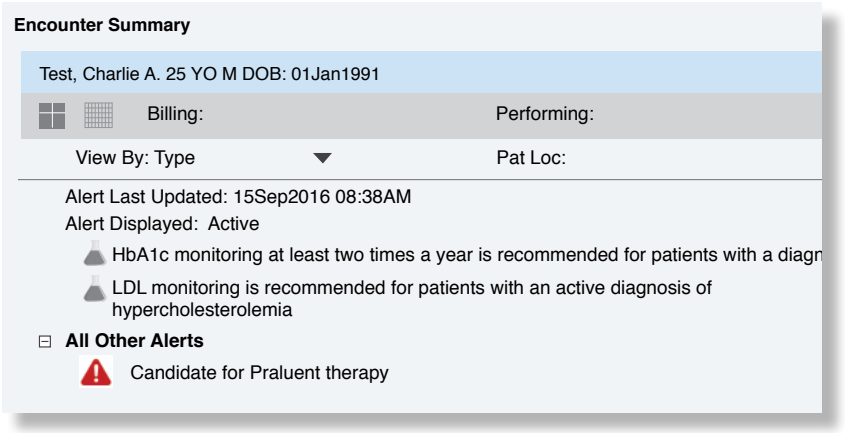
4. Choose the **Order** and the **Frequency** for which the reminder is being created
5. Associate an **Action Set** to the query
6. Run the query, view, and export the results



7. Click the **View** icon in the exported results to push the Reminders to each patient's chart

To View a Reminder:

Reminders appear as **Alerts** in the Encounter Summary and in the Health Management Plan sections of the patient chart.



IMPORTANT SAFETY INFORMATION

- The once-monthly (Q4W) 300 mg dosing regimen had a higher rate of local injection site reactions as compared to PRALUENT 75 mg Q2W or placebo (16.6%, 9.6%, and 7.9%, respectively) in a trial in which all patients received an injection of drug or placebo every 2 weeks to maintain the blind. The discontinuation rate due to injection site reactions was 0.7% in the 300 mg Q4W arm and 0% in the other 2 arms

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INDICATIONS AND USAGE

- PRALUENT® (alirocumab) is a PCSK9 (Proprotein Convertase Subtilisin/Kexin Type 9) inhibitor antibody indicated as adjunct to diet and maximally tolerated statin therapy for the treatment of adults with heterozygous familial hypercholesterolemia or clinical atherosclerotic cardiovascular disease, who require additional lowering of LDL-C
- The effect of PRALUENT on cardiovascular morbidity and mortality has not been determined

IMPORTANT SAFETY INFORMATION

- PRALUENT is contraindicated in patients with a history of a serious hypersensitivity reaction to PRALUENT. Reactions have included hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization
- Hypersensitivity reactions (e.g., pruritus, rash, urticaria), including some serious events (e.g., hypersensitivity vasculitis and hypersensitivity reactions requiring hospitalization), have been reported with PRALUENT treatment. If signs or symptoms of serious allergic reactions occur, discontinue treatment with PRALUENT, treat according to the standard of care, and monitor until signs and symptoms resolve
- The most commonly occurring adverse reactions (≥5% of patients treated with PRALUENT and occurring more frequently than with placebo) are nasopharyngitis, injection site reactions, and influenza
- Local injection site reactions including erythema/redness, itching, swelling, and pain/tenderness were reported more frequently in patients treated with PRALUENT 75 mg and/or 150 mg every 2 weeks (7.2% versus 5.1% for PRALUENT and placebo, respectively). Few patients discontinued treatment because of these reactions (0.2% versus 0.4% for PRALUENT and placebo, respectively), but patients receiving PRALUENT had a greater number of injection site reactions, had more reports of associated symptoms, and had reactions of longer average duration than patients receiving placebo
- The once-monthly (Q4W) 300 mg dosing regimen had a higher rate of local injection site reactions as compared to PRALUENT 75 mg Q2W or placebo (16.6%, 9.6%, and 7.9%, respectively) in a trial in which all patients received an injection of drug or placebo every 2 weeks to maintain the blind. The discontinuation rate due to injection site reactions was 0.7% in the 300 mg Q4W arm and 0% in the other 2 arms
- Neurocognitive events were reported in 0.8% of patients treated with PRALUENT and 0.7% of patients treated with placebo. Confusion or memory impairment were reported more frequently by those treated with PRALUENT (0.2% for each) than in those treated with placebo (<0.1% for each)
- Liver-related disorders (primarily related to abnormalities in liver enzymes) were reported in 2.5% of patients treated with PRALUENT and 1.8% of patients treated with placebo, leading to treatment discontinuation in 0.4% and 0.2% of patients, respectively. Increases in serum transaminases to greater than 3 times the upper limit of normal occurred in 1.7% of patients treated with PRALUENT and 1.4% of patients treated with placebo
- The most common adverse reactions leading to treatment discontinuation in patients treated with PRALUENT were allergic reactions (0.6% versus 0.2% for PRALUENT and placebo, respectively) and elevated liver enzymes (0.3% versus <0.1%)
- PRALUENT is a human monoclonal antibody. As with all therapeutic proteins, there is a potential for immunogenicity with PRALUENT

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