Best Practice Advisories

Epic

About This Guide

This Guide provides a high-level overview of Best Practice Advisories in Epic. 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 Epic. There are several ways to approach each workflow in Epic. This Guide highlights one workflow; however, you may be familiar with an alternative approach. Please note that this Guide was created based upon Epic version 2015. Screens and features may change as new software versions are released.

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Using Best Practice Advisories

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

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

Factors That May Impact Best Practice Advisories

The display of BPAs 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 BPAs.

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.

BPAs 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 have 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 Best Practice Advisories

Epic enables the setup of reminders, called Best Practice Advisories (BPAs), which are 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. BPAs are displayed when the data in the patient chart meet the criteria.

For example, a BPA 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 setup of BPAs is typically handled by IT Staff or onsite Clinical Informaticists, not by enduser staff.

Examples of Information to Include When Requesting a Best Practice Advisory:

NOTE: To see a list of patients for whom this Best Practice Advisory will display, use the EHR patient identification tip sheet to create a patient list. The list will identify patients who may be appropriate for PRALUENT using specific criteria (eg, diagnosis of ASCVD, atorvastatin 40 mg/day, LDL-C ≥70 mg/dL).

1. Criteria under which to display the BPA, for example, can include
    - Only active patients
    - Patients with clinical ASCVD
    - Patients on maximally tolerated statin therapy (eg, atorvastatin 40 mg/day)
    - Patients having elevated LDL-C (eg, ≥70 mg/dL or ≥100 mg/dL)
2. Display restrictions
    - Display BPA only for physicians, not for nurses
3. When to display the BPA
    - During Visit Navigator
    - During Order Management
    - In Basket
4. Action to take based upon the BPA recommendation
5. Place an order

The IT Team creates BPAs using the Management Console to set up the BPA criteria.

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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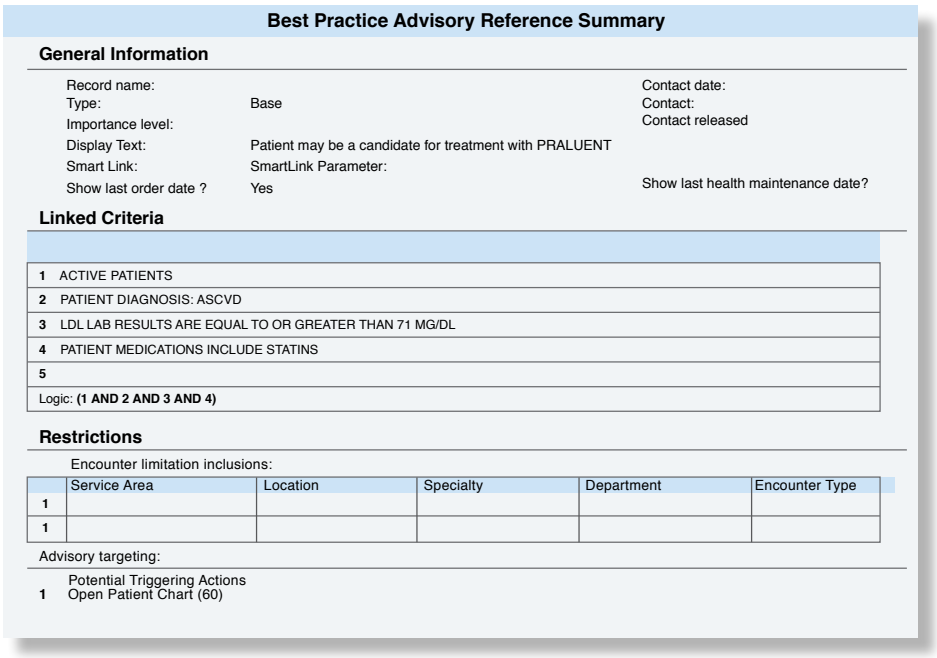
Reminders: Using Best Practice Advisories



Best Practice Advisory Reference Summary

General Information

Record name:		Contact date:
Type:	Base	Contact:
Importance level:		Contact released
Display Text:	Patient may be a candidate for treatment with PRALUENT	
Smart Link:	SmartLink Parameter:	
Show last order date ?	Yes	Show last health maintenance date?

Linked Criteria

1	ACTIVE PATIENTS
2	PATIENT DIAGNOSIS: ASCVD
3	LDL LAB RESULTS ARE EQUAL TO OR GREATER THAN 71 MG/DL
4	PATIENT MEDICATIONS INCLUDE STATINS
5	

Logic: **(1 AND 2 AND 3 AND 4)**

Restrictions

Encounter limitation inclusions:

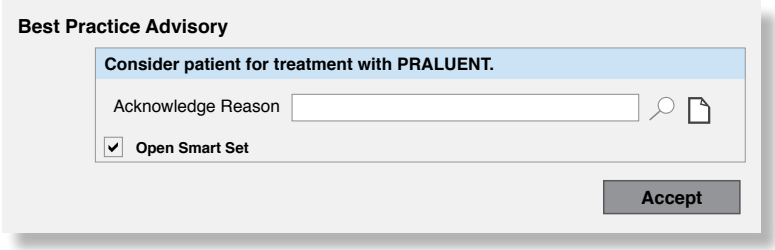
	Service Area	Location	Specialty	Department	Encounter Type
1					
1					

Advisory targeting:

1	Potential Triggering Actions Open Patient Chart (60)

Viewing Best Practice Advisories

BPAs are displayed when the patient meets the criteria. HCPs view the BPA and select Accept to acknowledge the Advisory and initiate action to satisfy the alert.



Best Practice Advisory

Consider patient for treatment with PRALUENT.

Acknowledge Reason

☑ **Open Smart Set**

Accept

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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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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