

ABOUT THIS GUIDE

This Guide provides a high-level overview of Registry Reports in eClinicalWorks and how they can be used to help identify clinically appropriate and approvable patients who may be candidates for PRALUENT® (alirocumab) therapy based on the approved Indication. 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 eClinicalWorks. There are several ways to approach each workflow in eClinicalWorks. This Guide highlights one workflow; however, you may be familiar with an alternative approach. Please note that this Guide was created based upon eClinicalWorks version 10. Screens and features may change as new software versions are released.

INDICATIONS AND USAGE

- PRALUENT 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

Please see accompanying full [Prescribing Information](#)



Using Registry Reports

The Registry Report can be helpful to identify Atherosclerotic Cardiovascular Disease (ASCVD) or Heterozygous Familial Hypercholesterolemia (HeFH) patients meeting certain criteria, including diagnosis, current and prior medications, LDL-C values, and other clinical or patient demographic information. When used effectively, this report provides an opportunity to identify patients with uncontrolled LDL-C who are clinically appropriate and approvable for PRALUENT therapy based upon clinician decision to treat.

A Registry Report can be used to streamline the PRALUENT payer approval process by:

- Determining clinically appropriate and approvable patients based on payer utilization management criteria
- Reducing burden and frustration of submitting patients who are not prior authorization (PA) criteria-eligible based on the payer coverage
- Identifying gaps-in-care to contact patients who may be considered for treatment modification

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

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Report Criteria

Registry Reports can be created from multiple criteria such as lab values, medications, and patient diagnoses. For example, EHR criteria could include patients with clinical ASCVD, being on maximally tolerated statin therapy atorvastatin 40 mg/day and having elevated LDL-C ≥ 70 mg/dL or ≥ 100 mg/dL, depending on insurance.

Factors That May Impact Registry Reports

The number of patients appearing on a Registry Report 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 appear on the Registry Report.

The query criteria should consider active patients only (not deceased or inactive, as determined by the practice). Also, medications prescribed before the EHR was implemented might not be included in a patient's medications list. These information gaps can reduce the number of patients on a Registry Report.



Reporting: Creating a Registry Report

A patient list, called Registry Reports in eClinicalWorks, is an EHR system report that identifies all patients meeting certain criteria. Available criteria include diagnosis, current and prior medications, lab values, and other clinical or patient demographic information.

A report may be created to identify patients with heterozygous familial hypercholesterolemia or atherosclerotic cardiovascular disease who are not at their LDL-C goal who are currently on maximally tolerated statin therapy.

The following steps illustrate how to run a Registry Report to help identify examples of appropriate patients for PRALUENT, based on the approved indication, who may be candidates for treatment intensification in eClinicalWorks.

REPORTING: CREATING A REGISTRY REPORT

1. Navigate to **Reports, Registry**.
2. Select the **ICD** tab, click Sel to search for appropriate diagnosis codes (Clinical ASCVD [eg, stroke, transient ischemic attack, acute coronary syndromes, history of myocardial infarction, stable or unstable angina, coronary or other arterial revascularization, peripheral arterial disease] plus hypercholesterolemia OR HeFH). Click **OK** when done.

The screenshot shows the eClinicalWorks interface for creating a registry report. The 'ICD' tab is selected, and the search criteria 'Hypercholesterolemia' is entered. The 'Selected Assessments' table shows various ICD codes and their corresponding diagnoses.

Code	Diagnosis	SNOMED	ICD	Diagnosis	SNOMED
411.0	Postmyocardial infarct				
411.1	Intermediate coronary				
411.81	Acute coronary occlus				
411.89	Other acute and subacu				
412.0	Angina decubitus				
412.1	Prinzmetal angina				
412.9	Other and unspecified a				
414.0	Coronary atherosclero				
414.9	Other and unspecified a				

IMPORTANT SAFETY INFORMATION

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

Please see accompanying full [Prescribing Information](#)

Praluent[®]
(alirocumab) Injection 75mg/mL
150mg/mL
Redefining Possible

Reporting: Creating a Registry Report

3. Click **Run New**.
4. Select the **Rx** tab. Select **Drug Class**, then click the **Sel** button to find a specific class of medications.

The screenshot shows the 'Registry' interface with the 'Rx' tab selected. A search box is present with a 'Sel' button. Below the search box, there are date selection options: 'Prescribed as of Date' (8/13/2014 to 8/13/2014) and 'Current Medications as of today'. At the bottom, there are buttons for 'Save Queries', 'Run Subset (NOT)', 'Run Subset', and 'Run New'. A table header is visible at the bottom with columns: Patient Name, DOB, Sex, Age, Tel. No, and Acct #.

5. From RX dropdown, select **Contains** and enter drug class; ie, **Statin**.
6. Highlight the desired medication(s) (eg, atorvastatin, rosuvastatin), and click **OK**. Then click **Run Subset**.
7. Select **Lab/DI/Proc** tab, select appropriate lab test and result values (ie, LDL-C \geq 70 mg/dL or \geq 100 mg/dL, depending on insurance). Click **OK** and click **Run Subset**.

The screenshot shows the 'Select Rx' dialog box. The 'Type' is set to 'All Rx', 'Real Time Search' is checked, and 'Show Discontinued Drugs' is unchecked. The 'Rx' dropdown is set to 'Contains' and the 'Find' box contains 'Statin'. There is a 'Dosage Calculator' button. Below, there are columns for 'Strength', 'Formulation', 'Take', 'Route', 'Duration', 'Disp', 'Refill', and 'AWP (\$)'. A 'Selected Rx' section is also visible with a 'Remove' button. At the bottom, there are navigation buttons: '<<', '>>', 'New', 'Add to Custom', 'Add to...', 'OK', and 'Cancel'.

8. Save Registry Reports for future use by clicking **Save Queries**.

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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- 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 ($\geq 5\%$ 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) 300mg 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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