AN ASSESSMENT OF CARDIOVASCULAR DRUGS & THEIR ROLE IN DRUG-INDUCED LUPUS

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2 TYPES OF LUPUS

DRUG-INDUCED LUPUS (DIL) & SYSTEMIC LUPUS ERYTHROMATOSUS (SLE)

SIMILARITIES
- Autoimmune diseases
- Presentation

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>DIL</th>
<th>SLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>1:1</td>
<td>9:1</td>
</tr>
<tr>
<td>Age</td>
<td>50-70 yo</td>
<td>29 yo</td>
</tr>
<tr>
<td>Onset</td>
<td>Mos. – yrs.</td>
<td>Hrs.-days</td>
</tr>
<tr>
<td>Race</td>
<td>Whites &gt; Blacks</td>
<td>Blacks &gt; Whites</td>
</tr>
</tbody>
</table>

HOW COMMON IS DIL?

- **PREVALENCE** 10% of SLE
- **INCIDENCE** 6.7%
- **PROGNOSIS** Excellent

## THE CULPRITS

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>DRUGS</th>
</tr>
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<tbody>
<tr>
<td>Antiarrhythmics</td>
<td>Procainamide</td>
</tr>
<tr>
<td></td>
<td>Quinidine</td>
</tr>
<tr>
<td>Antihypertensives</td>
<td>Hydralazine</td>
</tr>
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<td></td>
<td>Methyldopa</td>
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<tr>
<td>Antihyperlipidemics</td>
<td>Lovastatin</td>
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<tr>
<td></td>
<td>Atorvastatin</td>
</tr>
<tr>
<td></td>
<td>Gemfibrozil</td>
</tr>
</tbody>
</table>

HIGH RISK PATIENTS

High dosing
Extended use
Slow acetylators
Family history

## LAB FINDINGS

<table>
<thead>
<tr>
<th>MARKER</th>
<th>DIL</th>
<th>SLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antihistone antibodies</td>
<td>&gt; 95%</td>
<td>~ 50%</td>
</tr>
<tr>
<td>Anti-DNA antibodies</td>
<td>Anti-ssDNA</td>
<td>Anti-dsDNA</td>
</tr>
</tbody>
</table>


IDENTIFICATION OF DIL

No history of SLE
Clinical presentation
Drug discontinuation resolves DIL
Lab findings
WHY IDENTIFY DIL?

Unnecessary SLE treatment
Higher risk patient population
Cost
Correct billing: ICD-10 M32.0

DIL treatment: discontinue the drug

SUMMARY

CLAIMS DATA
- Date of birth
- Medication record
- Diagnostic information
- Lab results

PATIENT PROFILE
- 50-70 yo
- DIL associated drugs
  - Dosing
  - Duration
- Onset of symptoms
- Lab findings

BETTER OUTCOME
- ID DIL
- Improve pt outcome
- Save on cost
- Correct ICD10 M32.0
THANK YOU!

QUESTIONS?