

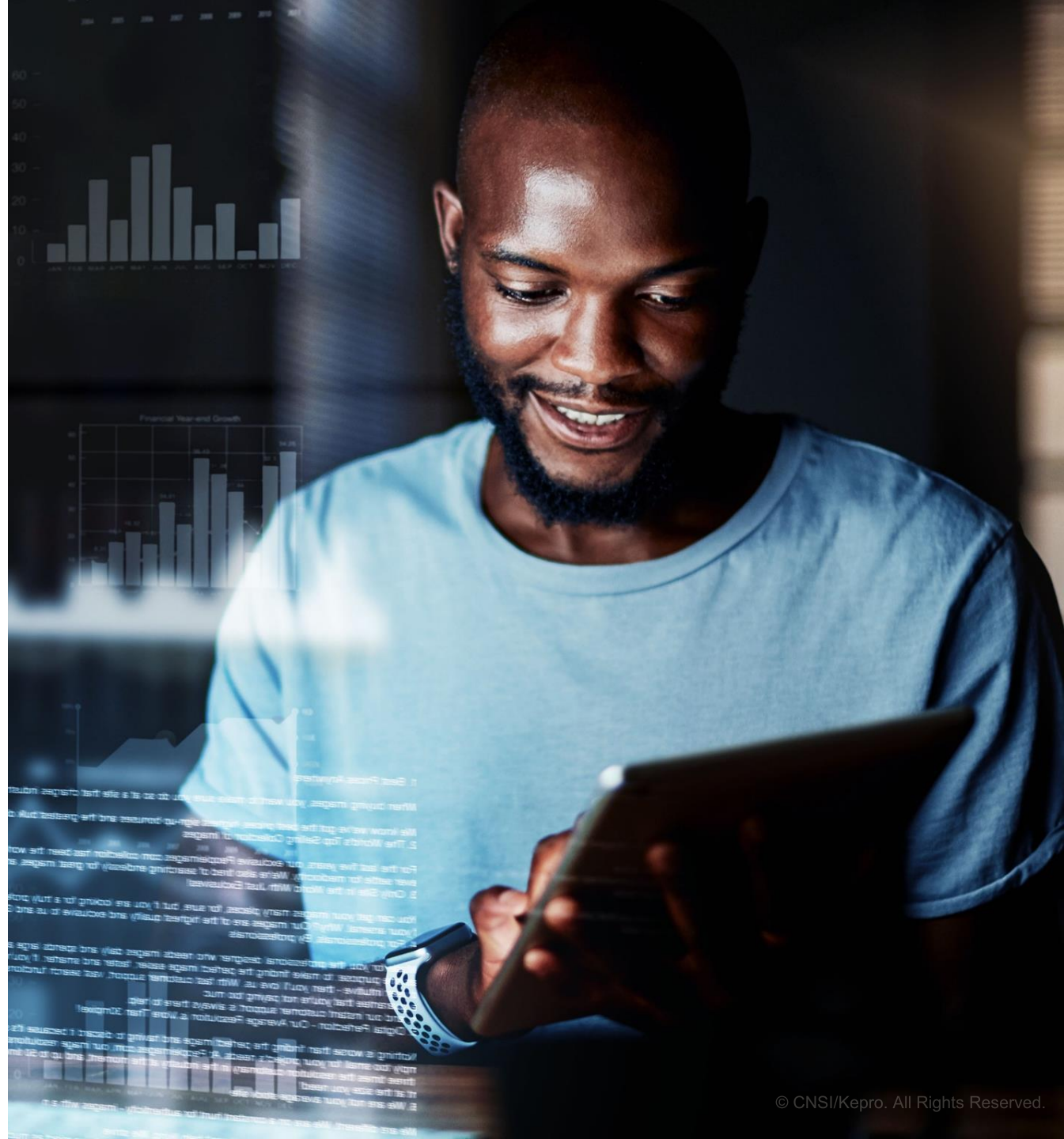


WEST VIRGINIA DRUG UTILIZATION REVIEW BOARD MEETING

May 21, 2025



- **Chip Shook, PMP, CSM**
Executive Director of Pharmacy Management
- **Cory Chambliss**
Operations Director
- **Scott Donald, PharmD**
Director of Clinical Services
- **Alena Mitchell, PharmD**
Clinical Account Manager



RDUR Patient Reviews

	Target Intervention	Profiles Reviewed	Letters Sent	Response Rate
Jan	Increased Respiratory Depression Risk	597	701	4%
Feb	Oral Contraception Interactions	598	495	5%
Mar	Increased Hypotension Risk	597	694	6%



RDUR Patient Reviews

January 2025:

Increased Respiratory Depression Risk

Drugs included:

- Benzodiazepines + clozapine
- Daridorexant + chronic respiratory disease
- Gabapentinoids + strong CNS depressants
- Gabapentinoids + chronic respiratory disease
- Lemborexant + chronic respiratory disease
- Opioids + skeletal muscle relaxants
- Tapentadol + chronic respiratory disease
- Tapentadol + strong CNS depressants

[Selected Drug] should be prescribed with caution in patients receiving other CNS depressants (e.g. opioid analgesics, phenothiazines and sedatives) including alcohol. The concurrent use of [selected drug] with any of these agents may result in respiratory depression, hypotension, profound sedation, coma or death. If combination therapy is necessary, a dose reduction of one or both agents should be considered.

The FDA is warning that serious, life-threatening, and fatal respiratory depression has been reported with the use of [Selected Drug]. Most cases occurred in association with co-administration of CNS depressants, especially opioids, in the setting of underlying respiratory impairment, or in the elderly. When co-prescribing [Selected Drug] with another CNS depressant, particularly an opioid, or in patients with underlying respiratory impairment, initiate at the lowest dose and monitor for respiratory depression and sedation.



RDUR Patient Reviews

February 2025:

Oral Contraception Interactions

Drugs included:

- Atorvastatin
- Barbiturates
- Carbamazepine
- Cenobamate
- Clobazam
- Encorafenib
- Eslicarbazepine
- Felbamate
- Fostemsavir
- Griseofulvin
- Ivacaftor
- Lumacaftor
- Mavacamten
- Mobocertinib
- Myfembree
- Ofatumumab
- Oxcarbazepine
- Perampanel
- Pitolisant
- Phenytoin
- Rifampin
- Rufinamide
- Tazemetostat
- Tirzepatide
- Tizanidine
- Tobacco abuse
- Topiramate
- Tovorafenib
- St. John's wort

The coadministration of [Selected Drug] with oral hormonal contraceptives (CYP3A4 substrates) can result in decreased hormone concentrations and loss of hormonal contraceptive efficacy. Counsel patients to use additional or alternative non-hormonal methods of contraception while taking [Selected Drug].

Cigarette smoking increases the risk of serious cardiovascular side effects from hormonal contraceptive use. The risk increases with age and with heavy smoking (15 or more cigarettes per day) and is quite marked in women over 35 years of age. Women who use hormonal contraceptives should be strongly advised not to smoke.



RDUR Patient Reviews

March 2025:

Increased Hypotension Risk

Drugs included:

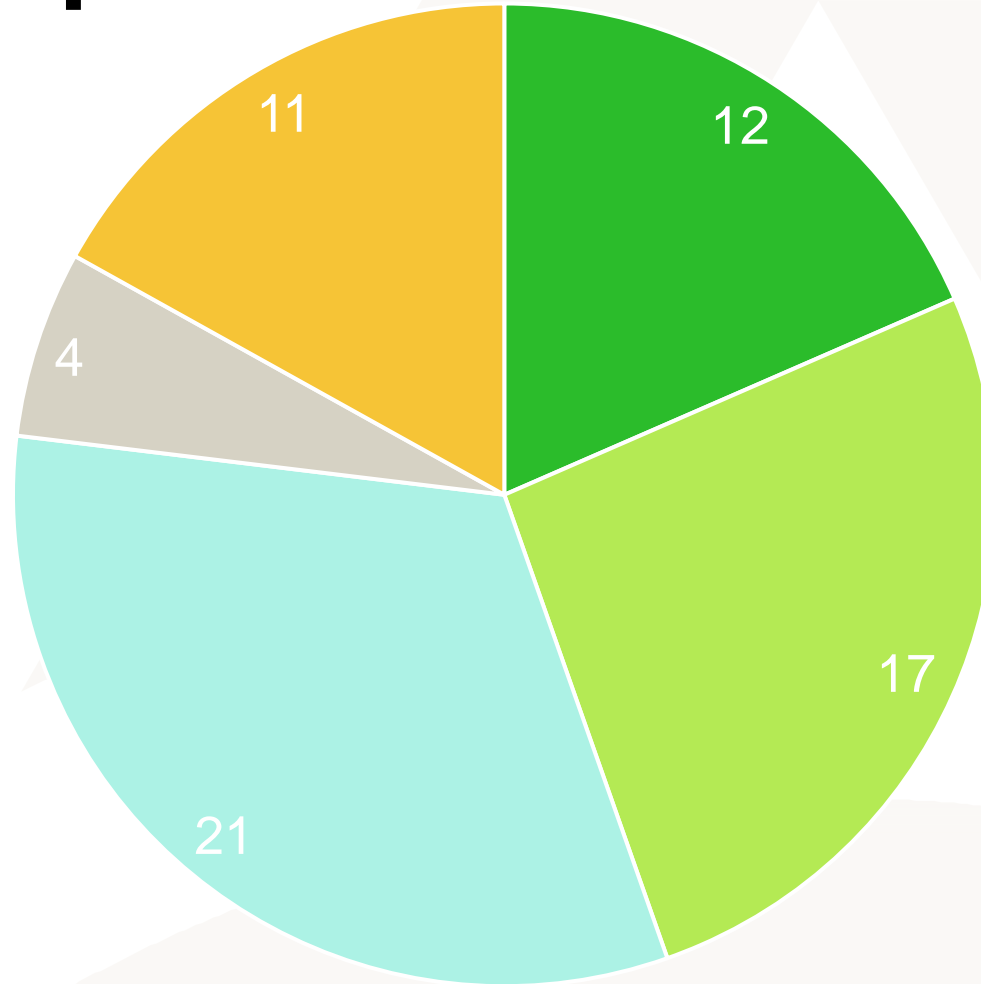
- 2nd-gen. antipsychotics
- α -1 antagonists
- ACE-i/ARBs
- K-sparing diuretics
- Loop diuretics
- Maraviroc
- PDE-5 inhibitors
- SGLT-2 inhibitors
- Suvorexant
- Tazemetostat
- Thiazide diuretics
- Tricyclic antidepressants
- Vericiguat

[Selected Drug] should be used with caution in patients with known cardiovascular disease, cerebrovascular disease, or conditions which would predispose patients to hypotension (e.g., dehydration, hypovolemia, and treatment with antihypertensives). [Selected Drug] has been shown to cause orthostatic hypotension and these patients may be at increased risk.

[Selected Drug] causes osmotic diuresis which can lead to volume depletion and hypotension, particularly in patients with impaired renal function, elderly patients, or patients on diuretics. Before initiating [Selected Drug] in patients with one or more of these characteristics, volume status should be assessed and corrected.



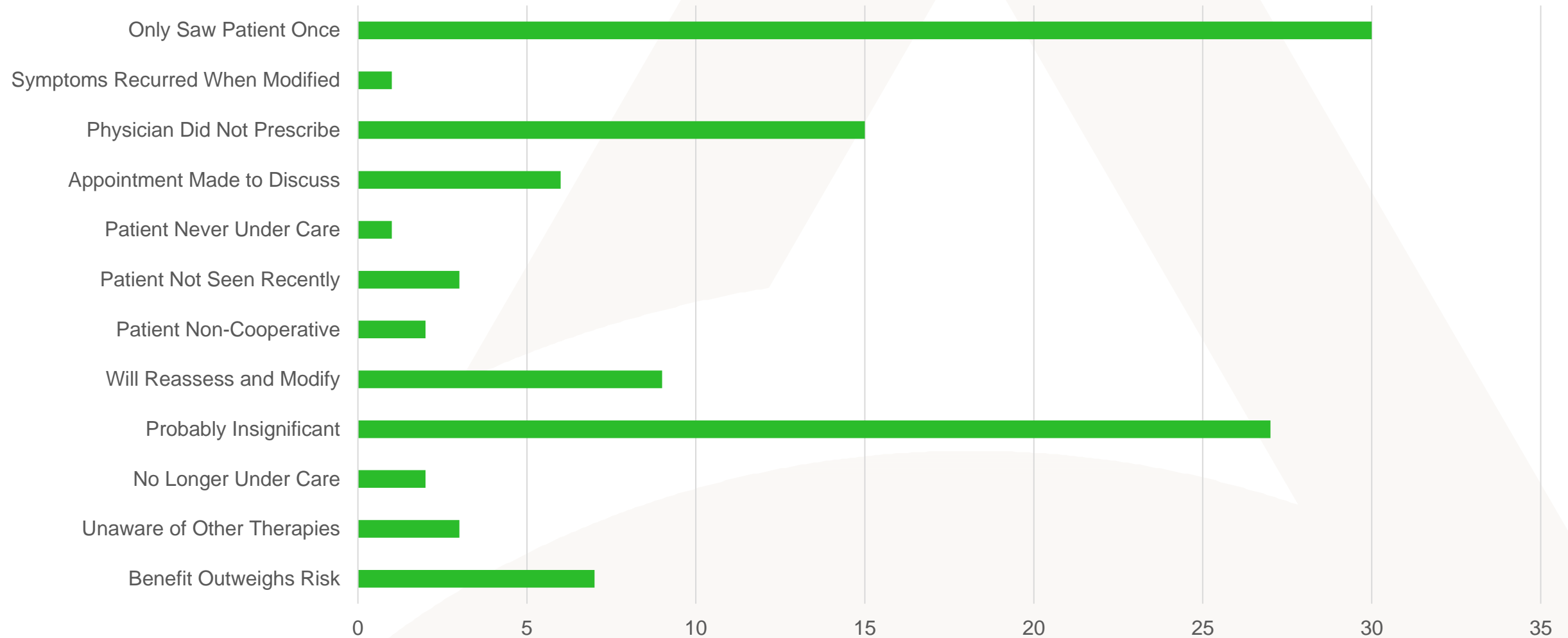
Prescriber Response



■ Extremely Useful ■ Useful ■ Neutral ■ Somewhat Useful ■ Not Useful



Prescriber Response



Prescriber Response

- Will discuss at future appointment. Therapy was begun by her specialist.
- Reviewed, will inform pt that we will no longer prescribe GABA given she is on hydroxyzine.
- We have decreased the doses but not stopped them.
- Have discussed with patient ongoing risks. Working on tapering agents as tolerated.
- Therapy combination is appropriate. Volume status is monitored by her care team.
- Very difficult to treat due to multiple hospitalizations and difficulty stabilizing.
- I was unaware of cardiac dx. She is scheduled to see me soon. Will make adjustments on the info provided.
- Pt has end-stage cardiomyopathy and is under the care of cardiology. Pt is doing well on treatment without issues.
- Will continue to monitor and make changes as needed. Referred to psychiatry for appropriate med management.
- Pt's renal function and electrolytes are being monitored closely. Will make adjustments to medications accordingly.
- I plan on performing a drug review with Ms. Smitch and change regimen. Thank you.



Lock-In Interventions

Month	Reviewed	Warning Letter	Locked In
Jan	150	19	0
Feb	150	5	0
Mar	150	7	0

2025 First Quarter Newsletter



FDA-Approval Spotlight

Cobenfy for the Treatment of
Schizophrenia

2024 Guideline Update

IDSA Guidelines on the
Treatment of Tuberculosis

Legislative News

Medicaid Third Party Liability
Act (H.R. 5584 and H.R. 497)

