

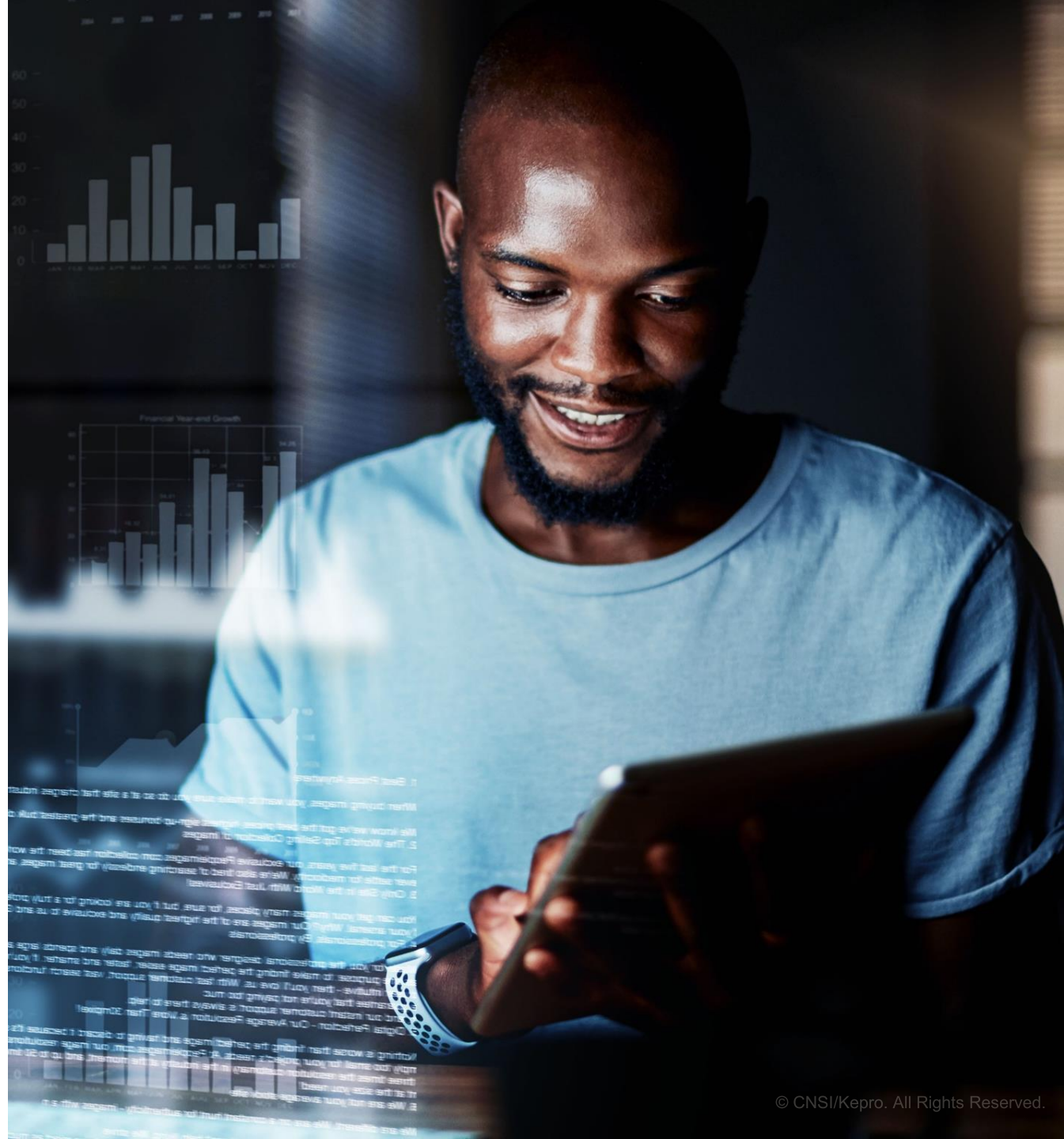


WEST VIRGINIA DRUG UTILIZATION REVIEW BOARD MEETING

September 24, 2025



- **Rachele Poissant, PharmD**
Clinical Account Manager
- **Cory Chambliss**
Operations Director
- **Scott Donald, PharmD**
Director of Clinical Services



RDUR Patient Reviews

	Target Intervention	Profiles Reviewed	Letters Sent	Response Rate
Apr	Antihyperlipidemic Drug Interactions	605	642	7%
May	Increased Risk of Serotonin Syndrome	602	734	4%
Jun	Increased Risk for QT Prolongation	698	677	4%



RDUR Patient Reviews

April 2025:

Antihyperlipidemic Drug Interactions

Drugs included:

Statins	Calcineurin Inhibitors
Fibric Acid Derivatives	Protease Inhibitors
Bile-Acid Resins	Antiarrhythmics
Contraceptives	Anticoagulants
Antacids	Strong CYP3A4 Inhibitors
Macrolides	
Azole Antifungals	
Anticonvulsants	

- Coadministration of [Selected Drug(s)] should be done with caution. [Selected drug] can inhibit the metabolism of [selected drug] thereby increasing the risk of developing adverse reactions (e.g. myopathy and/or rhabdomyolysis).
- The concurrent use of [selected drug] with [selected drug] should be avoided, as concurrent use may increase the risk of myopathy and rhabdomyolysis. [Selected drugs] have been shown to cause myopathy and rhabdomyolysis. Concomitant use of [selected drugs] has been shown to significantly increase rosuvastatin exposure.



RDUR Patient Reviews

May 2025:

Increased Risk of Serotonin Syndrome

Drugs included:

Selective Serotonin
Reuptake Inhibitors
(SSRIs)

Serotonin-
Norepinephrine
Reuptake Inhibitors
(SNRIs)

Monoamine Oxidase
Inhibitors (MAOIs)

Tricyclic
Antidepressants
(TCAs)

Vortioxetine

Meperidine

Tapentadol

Stimulants

Triptans

Linezolid

- Coadministration of [selected drugs] should be done with caution. With concomitant administration, it is possible that both agents may inhibit each other's metabolism increasing the serum levels of both drugs, possibly resulting in serotonergic syndrome and/or [selected drug] toxicity.
- [Selected drug] is a reversible non-selective inhibitor of monoamine oxidase and concurrent use with a serotonergic agent (e.g., SSRIs, SNRIs, TCAs, and meperidine) is contraindicated unless the patient is carefully observed for signs and symptoms of serotonin syndrome.
- Concomitant use of [selected drug] and selective 5-HT₁ receptor agonists may cause rapid CNS serotonin accumulation. Monitor the patient for signs and symptoms of serotonin syndrome, which can present as hyperthermia, hypertension, myoclonus, rigidity, mental status changes, and coma.



RDUR Patient Reviews

June 2025:

Increased Risk for QT Prolongation

Drugs included:

MAOIs	CYP 3A4 Substrates
TCAs	Pimavanserin
Buprenorphine	Glycopyrrolate/Formoterol
Iloperidone	Deutetrabenazine
Quetiapine	Dextromethorphan/quinidine
Asenapine	Dofetilide
Citalopram	Pimozide
Dronedarone	Rilpivirine
Ribociclib	Posaconazole
Vilanterol	Pitolisant

- [Selected Drug] can cause QT interval prolongation. Monitor ECGs in patients with congenital long QT syndrome, heart failure, bradyarrhythmias, or those taking drugs known to prolong the QT interval. Also, monitor and correct any electrolyte abnormalities at baseline and periodically during treatment. Withhold [selected drug] for the development of QTc interval prolongation greater than 500 ms or greater than 60 ms increase from baseline. Resume [selected drug] at a reduced dose (per adjustments in official prescribing information) when QTc prolongation resolves to less than or equal to 480 ms or baseline.
- [Selected Drugs] prolongs the QT/QTc interval. Coadministration of [selected drug(s)] with other drugs that prolong the QT interval may further increase the incidence of QT prolongation. Monitor patients more frequently with ECG if coadministration of [selected drug(s)] with drugs known to prolong the QT interval is required.



RDUR Outcomes Report

	Criteria	PRE Targeted Patients	POST Targeted Patients with Hits	POST Targeted Patients with Change
October 2023	Cholesterol Guidelines	344	193	56.10%
November 2023	Underutilization of Antihypertensive	271	259	95.57%
December 2023	Increased Risk of Bleeding	288	156	54.17%
January 2024	Enhanced respiratory depression	353	140	39.66%
February 2024	Multiple cardiovascular risk factors	323	222	68.73%
March 2024	Exacerbation of congestive heart failure	237	145	61.18%
Apr 2024	Antihyperlipidemic Drug Interactions	284	157	55.28%
May 2024	Impaired Antihypertensive Effects	167	102	61.08%
June 2024	Increased Risk of Selected Electrolyte Disturbances	328	223	67.99%
July 2024	Potential adverse fetal/neonatal risk in pregnant or lactating patients	197	145	73.60%
August 2024	Increased risk of osteoporosis and/or fracture	269	185	68.77%
September 2024	Inappropriate use of antidiabetic therapies	270	165	61.11%
Total		3331	2,092	62.80%



Lock-In Interventions

Month	Reviewed	Warning Letter	Locked In
Jan	75	7	0
Feb	75	6	0
Mar	75	8	1
Totals	225	21	1

2025 Second Quarter Newsletter



FDA-Approval Spotlight

Journavx (suzetrigine)

Legislative News

Consolidations Appropriations
Act (Sec. 203)

2024 Guideline Update

ACP Guidelines for the
Treatment and Prevention
of Acute Episodic
Migraines