

WEST VIRGINIA DRUG UTILIZATION REVIEW BOARD MEETING

Oct 25, 2024

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Acentra

• Chip Shook, PMP, CSM

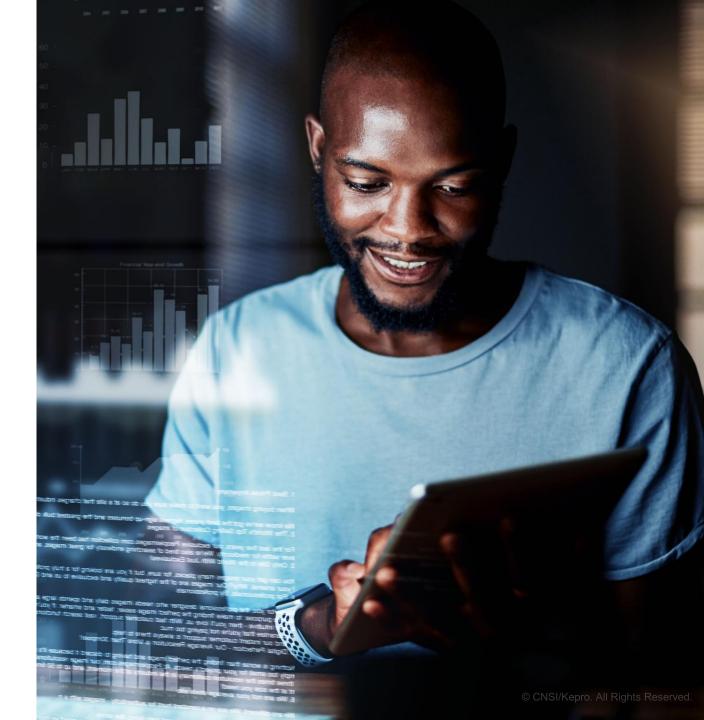
Executive Director of Pharmacy Management

Cory Chambliss

Operations Director

- Scott Donald, PharmD
 Director of Clinical Services
- Alena Mitchell, PharmD

Clinical Account Manager



	Target Intervention	Profiles Reviewed	Letters Sent	Response Rate
Apr	Antihyperlipidemic Drug Interactions	602	562	5%
May	Impaired Antihypertensive Effects	377	342	3%
Jun	Increased Risk of Selected Electrolyte Disturbances	599	502	2%

April 2024:

Antihyperlipidemic Drug Interactions Drugs included:

- Azole antifungals
- Clarithromycin
- Erythromycin
- Ezetimibe
- Fibric acid derivatives
- Metformin
- Nefazodone
- Niacin
- Repaglinide
- Statins

The combination of HMG-CoA reductase inhibitors and [Selected Drug] can cause severe myopathy, rhabdomyolysis, and renal failure.



May 2024:

Impaired Antihypertensive Effects

Drugs included:

- Clonidine Milnacipran
- Clonidine Mirtazapine
- Metoprolol Venlafaxine

Concurrent use of [Selected Drug A] and [Selected Drug B] may reduce bloodpressure lowering effects and cause sustained hypertension. Regular monitoring of blood pressure is recommended.

June 2024:

Increased Risk of Selected Electrolyte Disturbances

Drugs included:

- Abaloparatide
- ACE-Is/ARBs
- Desmopressin
- Digoxin
- Drospirenone products
- Heparin
- Insulin products
- K-sparing diuretics
- Lenvatinib

- Loop diuretics
- NSAIDs
- Thiazide diuretics
- Type 1 antiarrhythmics

Simultaneous use of [Selected Drug A] with [Selected Drug B can increase the risk of hyperkalemia and is generally not recommended. Use together with caution and monitor serum potassium concentrations.

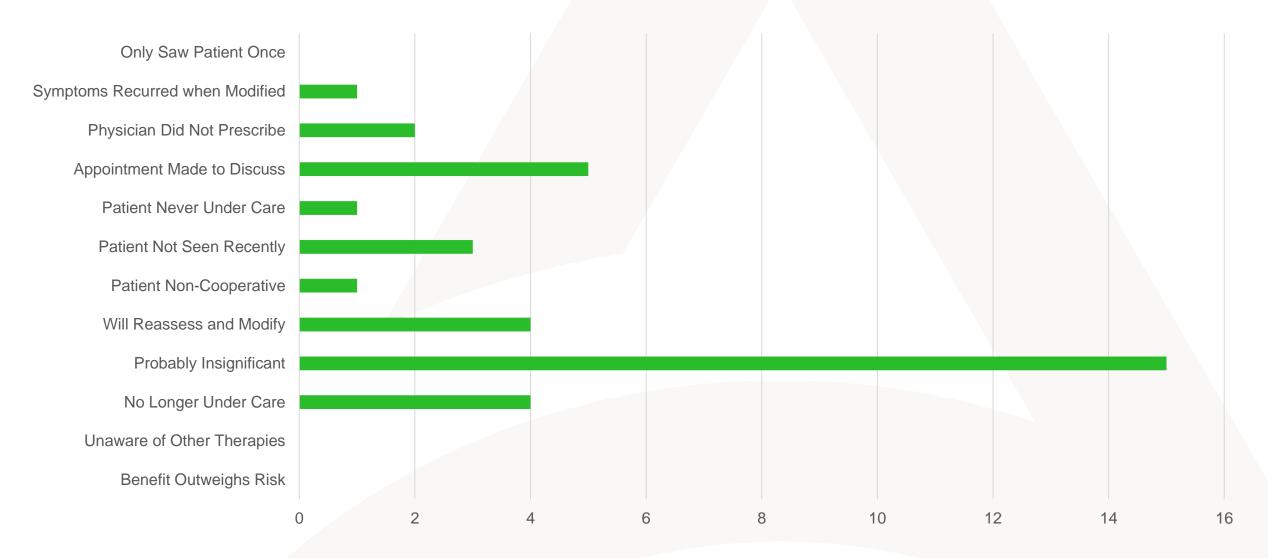
Use of [Selected Drug A] can cause or exacerbate hyponatremia. The onset can be sudden and life-threatening in certain conditions.



Prescriber Response

Extremely Useful Useful Neutral Somewhat Useful Not Useful

Prescriber Response



Prescriber Response

- She is only taking atorvastatin, she is not taking any other HMG-CoA reductase inhibitors.
- Pt has history of NAFLD and simple liver cyst but her LFTs have not been elevated will continue to Rx under close supervision.
- Patient advised to discontinue gemfibrozil and continue with Crestor.
- Risperidone, Lexapro, clonazepam, clozapine, benztropine, topiramate (follows with psychology). Am aware pt follows with psychiatry for mental health.
- Will D/C.
- Pt stable without side effects on med regimen.
- Percocet was prescribed by surgeon after procedures. On Lyrica chronically for CRPS, was changed to Tramadol due to T3/T4 injury and goes back to this when available.
- Had a normal Mg level of 2.0 on 06/22/24.
- This patient is seen by multiple specialists at Cincinnati Children's Hospital who gives her meds. I
 only prescribe when she cannot go to CCH.

Lock-In Interventions

Month	Reviewed	Warning Letter	Locked In
Apr	150	10	1
May	150	11	0
Jun	150	11	0

WV DUR Board Meeting | Oct 25, 2024

2024 Second Quarter Newsletter



FDA-Approval

Spotlight

Pivya (pivmecillinam) for the treatment of uncomplicated UTIs in adult females

2024 Guideline Update

AAD: Guidelines of Care for the Management of Acne Vulgaris

Legislative News

Health Care Cybersecurity Improvement Act of 2024

