



---

# WEST VIRGINIA DRUG UTILIZATION REVIEW (DUR) BOARD MEETING

Sep 20, 2023

---

# Kepro Team

---

- **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
Apr	Antihyperlipidemic drug interactions	602	698	5%
May	Concurrent drugs with serotonin syndrome risk	528	874	5%
Jun	Concurrent drugs with QT prolongation risk	602	872	4%

# RDUR Patient Reviews

---

**April 2023:**  
Antihyperlipidemic  
drug interactions

The use of HMG-CoA reductase inhibitors in combination with [selected CYP3A4 inhibitor] may result in an increased risk of myopathy and/or rhabdomyolysis secondary to elevated HMG-CoA reductase inhibitor levels. Consider holding statin therapy if the anti-infective is being used for short-term therapy. Otherwise, an alternative HMG-CoA inhibitor should be considered, as they are less likely to interact with CYP3A4 inhibitors.

***Drugs Included***

- Clarithromycin
- Clofibrate
- Erythromycin
- Fenofibrate
- Fluconazole
- Gemfibrozil
- Itraconazole
- Ketoconazole
- Nefazodone
- Niacin

# RDUR Patient Reviews

---

**April 2023:**

Antihyperlipidemic  
drug interactions

The combination of Zetia and an HMG-CoA reductase inhibitor is contraindicated with active liver disease or unexplained elevations in serum transaminases.

---

***Antihyperlipidemic***

- All statins

***Interacting Drug***

- Ezetimibe

# RDUR Patient Reviews

---

**April 2023:**

Antihyperlipidemic  
drug interactions

Concomitant use of repaglinide and gemfibrozil results in an 8-fold increase in plasma levels of repaglinide and prolongs the half-life from 1.3 to 3.7 hours. Due to the risk of enhanced and prolonged hypoglycemia, this combination should be avoided.

---

***Antihyperlipidemic***

- Repaglinide

***Interacting Drug***

- Gemfibrozil

# RDUR Patient Reviews

---

## **May 2023:**

Concurrent drugs with serotonin syndrome risk

Coadministration of [selected therapy A] and [selected therapy B] should be done with caution. Concomitant use may increase the risk of serotonin syndrome. Prescribers are advised to weigh the potential risk of serotonin syndrome with the expected benefit of using the drugs in combination.

---

### ***Drugs Included***

- All MAOIs
- All SSRIs
- All SNRIs
- All TCAs
- All triptans
- Bupropion
- Dextromethorphan
- Fentanyl
- Levomilnacipran
- Linezolid
- Lithium
- Mirtazapine
- Meperidine
- Nefazodone
- Selegiline
- Tapentadol
- Tramadol
- Trazodone

# RDUR Patient Reviews

---

## **June 2023:**

Concurrent drugs with QT prolongation risk

Based on refill history, your patient may be under-utilizing [anticonvulsant name]. Non-adherence to the prescribed dosing regimen may result in sub-therapeutic effects, which may lead to decreased patient outcomes and additional medical cost.

---

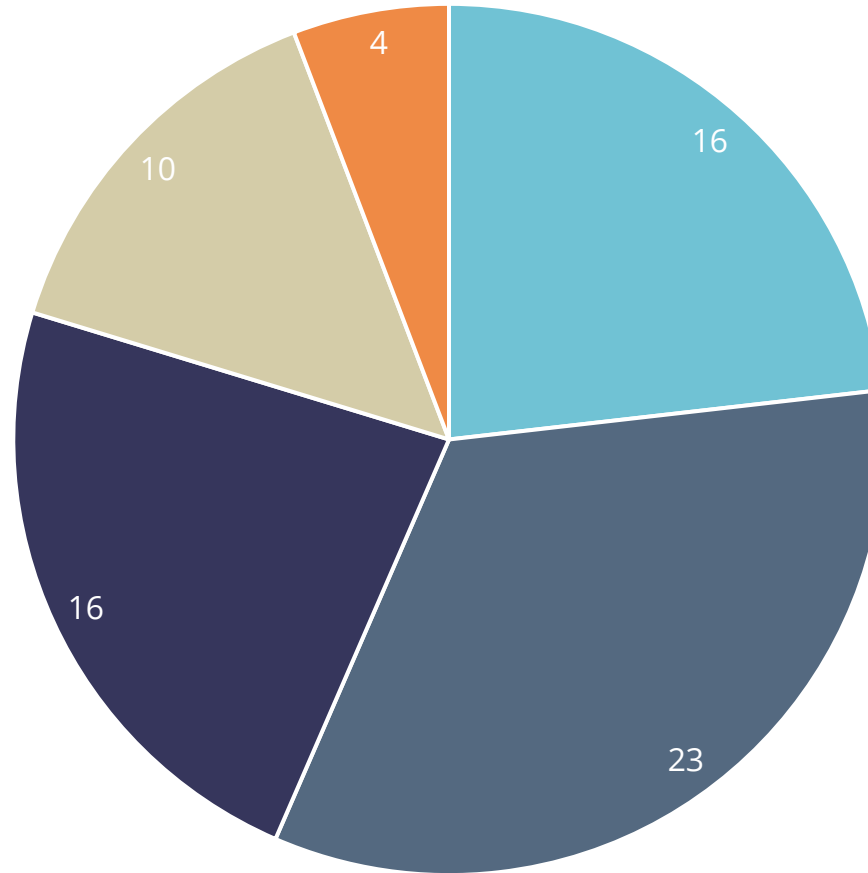
### ***Drugs Included***

- All 5HT-3 antagonists
- All antiarrhythmics
- All antipsychotics
- All azole antifungals
- All fluoroquinolones
- All inhaled beta agonists
- All MAOIs
- All MAO type B inhibitors
- All macrolides
- All non-DHP CCBs
- All protease inhibitors
- All TCAs
- Alfazosin
- Amantadine
- Bupropion
- Dasatinib
- Droperidol
- Foscarnet
- Fosphenytoin
- Galantamine
- Indapamide
- Lapatinib
- Methadone
- Nefazodone
- Nilotinib
- Nicardipine
- Octreotide
- Pazopanib
- Ranolazine
- Solifenacin
- Sunitinib
- Tacrolimus
- Tamoxifen
- Tizanidine
- Tolterodine
- Trazodone
- Vandetanib
- Vardenafil
- Vemurafenib
- Zolmatriptan



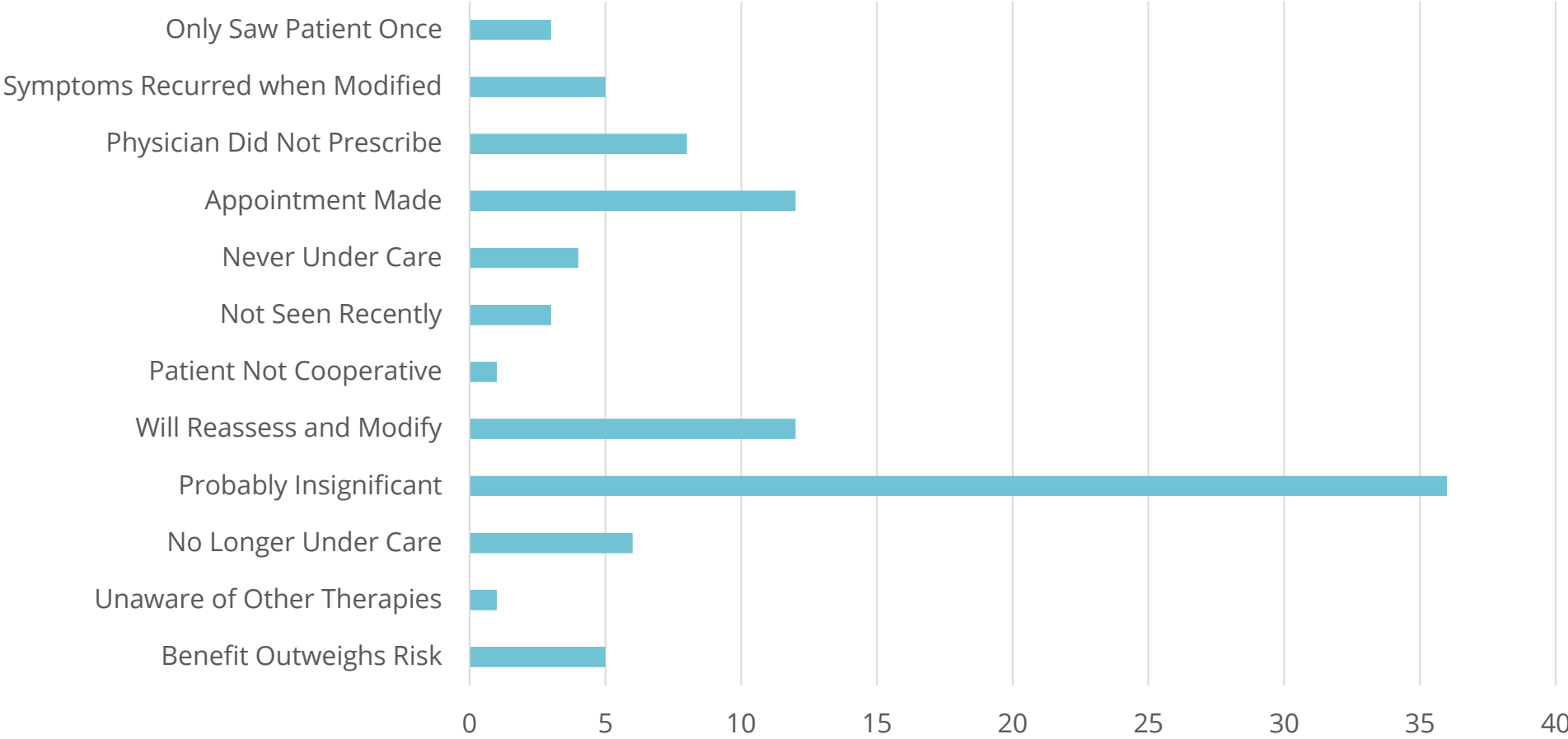
# Physician Response

---



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

# Physician Response



# Physician Response

---

- Excellent way for follow up.
- Patient is on low-dose statin and tolerating without side effects. Will continue and reassess at the next appointment.
- Patient has been on both medications for a long time and has not expressed any adverse effect mentioned.
- I have no record on the patient's chart of me prescribing this medicine.
- I plan to reduce oxycodone after discussing again at appointment. I have tried to reduce in the past, but the patient states she cannot decrease due to the pain levels.
- Patient has been stable for years on oxycodone, will again reduce medication at next appointment.
- Patient states on medication while inpatient for 8 months. Refilled due to placement. Did not initially prescribe.
- All patients on opioids are required to have Narcan at their home to reduce risk of respiratory depression.
- Urgent care setting for gastro.
- Astelim was prescribed for allergic rhinitis as needed. I did not prescribe pregabalin, only Astelim.
- Prescribed by previous PCP in 2021. As patient was with PCP, I refilled. Patient is now under care of another PCP. I treat her SUD and mental health.
- Patient is taking duloxetine but, per records, is no longer taking bupropion.
- Seems to tolerate – no signs of serotonin syndrome.
- This was a PRN med prescribed for an acute period and patient is no longer taking.
- I provide citalopram, have not prescribed omeprazole since 06/2022.
- Tikosyn was d/c'ed on 06/22/23. Amiodarone therapy was started at this time.
- Alert made in chart, no further fluconazole.

# Lock-In Interventions

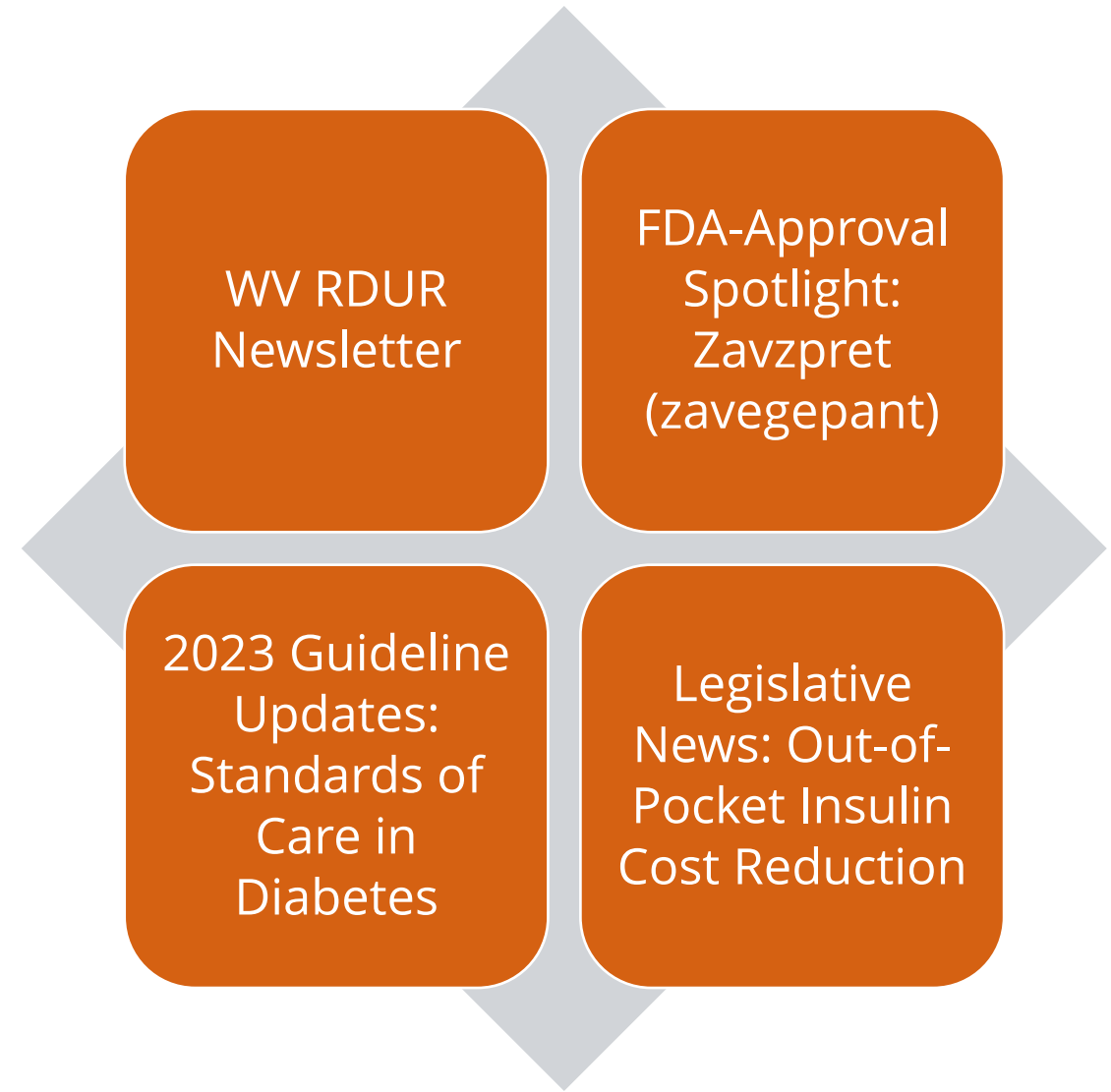
---

Month	Reviewed	Warning Letter	Locked In
Apr	150	0	1
May	150	0	0
Jun	150	6	1

# 2<sup>nd</sup> Quarter Newsletter

---

Posted on July 17, 2023





QUESTIONS?

---