

February 16, 2024

Case Number: DUR-CM: 1048738077-2

KAREN HERBST MD
6365 E TANQUE VERDE RD
STE 200
TUCSON, AZ 85715

RE: LINDSEY CARVER DOB: 26-MAR-89

Dear Dr. KAREN HERBST:

This confidential drug utilization review program provides educational information regarding your patient's drug therapy. Our goal is to facilitate optimal, safe, effective, and high quality drug therapy at lower costs.

Notification of concurrent use of Central Nervous System (CNS) agents WITH Orexin receptor antagonists: SAFETY ALERT

This notification is to inform you that according to our prescription records, your patient may be receiving concurrent therapy with LORATADINE and QUVIVIQ. Orexin receptor antagonists are CNS depressants that can impair daytime wakefulness when used as prescribed. Co-administration with other CNS

depressants may lead to additive impairment of psychomotor performance, including daytime impairment, and risk of CNS depression.¹⁻⁴

After weighing the risks vs. benefits of combination therapy for your patient, please consider:

- Tapering and discontinuing one or both of these drugs with close monitoring if medically appropriate.

If a dispensing pharmacist contacted you regarding this information, please consider this a follow up to that discussion. If the medications listed above have been prescribed by different providers, each provider is contacted.

We are not the filling pharmacy. If necessary, please provide your patient with a new prescription.

The identified medications may have been prescribed by multiple health care providers. In this situation, we have attempted to notify all prescribers involved. We recognize that patient variables, unavailable to us, may make the current therapy appropriate for this individual. You are best qualified to balance quality and cost of care when treating your patients. If you choose to reply, please respond via fax at 1-866-881-6840 on the enclosed response form or call us at 1-866-881-6830. We are available Monday through Friday, 8 a.m. to 4 p.m., ET. Thank you for your consideration.

Sincerely,
Clinical Services
CVS Caremark

Enclosure

1Belsomra [package insert]. Rahway, NJ: Merck Sharp & Dohme LLC.; February 2023. 2Dayvigo [package insert]. Radnor, PA: Idorsia Pharmaceuticals US Inc.; May 2023. 3Quviviq [package insert]. Nutley, NJ: Eisai Inc.; April 2023. 4Micromedex (electronic version). Merative, Ann Arbor, Michigan, USA. Available at: <https://www.micromedexsolutions.com/> (cited:6/27/2023).

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Prescriber Response Form

Patient Name: LINDSEY CARVER**Patient DOB:** 03/26/1989

For each section, please select one or more responses that best describes this case.

Because your feedback helps us improve our programs, we thank you for your time and consideration.

1. Please select from the following:

☒ <—Note: Please fill in circle(s) as shown

- ☐ Patient is under my care.
- ☐ Patient is under my care. However, none of the medications in question were prescribed by me.
- ☐ Patient is no longer under my care.
- ☐ Patient was seen by a provider no longer at this practice, but continues to be a patient.
- ☐ Patient has never been under my care nor seen at this practice.
- ☐ Provider was never at this location/fax number.

2. After evaluating the case, I plan to:

- ☐ Review current medications with my patient including those prescribed by other providers.
- ☐ Discontinue medication(s) in question. Please specify in COMMENTS box below.
- ☐ Modify drug therapy (for example, reduce a medication dose or quantity).
- ☐ Continue current therapy with close monitoring. This regimen is appropriate for my patient.

3. I find the information provided in the letter:

- ☐ Useful ☐ Neutral ☐ Not Useful

COMMENTS:

Prescriber Name

Specialty

Date

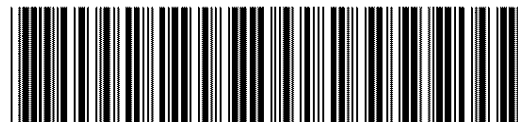
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BAEJHDJAHHC

Intervention Date: 02/16/2024

Please Fax This Page Only To:
1-866-881-6840

The fax machine is secured in accordance with applicable law.



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