DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
August 6, 2010 1:00PM
Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: See enclosed attendance record.

1. Call to order: The meeting was called to order at 1:12 pm.

2. Set date/time of next meeting: There was concern expressed that the usual meeting time would be the Friday of the Labor Day Holiday weekend. The Committee decided the next meeting will take place on **September 10, 2010 from 1-3PM; RHCY AB Conference Room.**

3. Minutes: The minutes of the May 2010 PMAC meeting were reviewed and approved.

4. Announcements:
   - The Medication Booklet is complete. It was noted that there is no money available to formally publish the booklet. The booklet will be available on the DCF web site. Additionally there will be 50-75 copies made with a report cover for general distribution. The booklet was distributed to CAFAP and given out at their conference.
   - DSS:
     1. Cheryl Wamuo: Three updates all Federal initiatives:
        1. There are Federal funds available relating to a new insurance plan. This will be a "pre-existing condition" plan that will take the place of the "High Risk Pool" plan. This initiative has been announced by the Governor (see handout), $50million dollars has been allocated and sign up can be done via the web site effective August 1.
        2. Federal funds are available to assist patients in moving from SAGA to Medicaid. Cost will be shared by the State. Connecticut is the first state to be approved for this program. The program is called Low Income Assistance (LIA).
        3. A handout was distributed describing a Federal act that will assist women get better health care coverage at lower cost.
     2. A new report, Antipsychotic Medication use in Medicaid children in 16 States. Medicaid State Medical Directors and the Rutgers CERT developed a plan for a collaborative project to examine the use of antipsychotic (AP) medications for children and adolescents in Medicaid. Shared measures and a data dictionary were developed and used as a guide by Sates to conduct analyses of their own data for this project. This led to a discussion of the limitations of the data presented in this report and that CT/DCF/PMAC often faces the same limitations.
     3. DCF/PMAC Medicaid Pharmacy Data Subcommittee: data should be reported out in Sept 2010 in the format requested. Dr. Williams intends to reconvene the sub-committee after the report is available.
     4. There is no information available from DSS P&T Committee regarding adding a Child Psychiatrist as a Committee member.

5. PMAC Psychopharmacology conference report:
   - Joan Narad reported:
   - DVDs of the conference are now available.

- There were over 50 attendees.
- Feedback indicates that the set up was excellent and the food was good.
- The committee agrees that it would be good to get more pediatricians to attend.
- Feed back on the presentations was provided to the speakers.
- Seen as positive that each speaker had a full 45-60minutes.
- Noted that the audience was mostly psychiatrists, APRNS's and PA's.
- The need to keep the conference multidisciplinary was discussed. Noted that is challenging to please everyone when there is a diverse audience.
- Suggest improving marketing of the program to primary care if that is to be the target audience.
- Suggested program should be 1/2day with another activity such as golf offered.
- The Conference Committee Chair will be named soon as work needs to begin soon on next year's conference.

6. Med Protocol Review
   - Lamictal XR: The safety and efficacy in children <13yrs old was discussed in detail. Noted lack of evidence for safety and efficacy in this age group. **PMAC voted to add this medication to the approved drug list** however:
     - A flag will be added to the drug use protocol regarding the concern over safety and efficacy in children <13yrs old. Additionally this medication should not be considered first line therapy.
   - Oleptro (trazodone XR): **Not added to the preferred drug list** as this medication has no real advantage over Trazodone IR when used for insomnia.
   - There ensued a general discussion as to whether CMCU should be reviewing and approving requests to change from IR to XR/SR or SR/XR to IR formulations of the same medication. After discussion is was decided that the CMCU should be informed of the change but official approval is not needed.
   - Formulary History: defer to next meeting.
   - There was a general discussion regarding the medication use protocol: A recommendation was made to simplify and shorten the protocol as it is felt that most of the monitoring requirements etc. are now accepted practice. Suggest attempting to condense the protocol to 2-3 pages as part of an attempt to make it more user-friendly. This suggestion will be considered as PMAC begins the annual protocol review next month.

7. Obesity Subcommittee Report
   - The subcommittee is requesting case reports be submitted to them that show good examples of case management resulting in weight loss. These case reports will be utilized to present some success stories with the protocol.

8. Article Review: - Two articles were distributed and discussed.
   - **Micronutrients versus Standard Medication Management in Autism**: Noted that symptom management may not be comparable. Discussion took place regarding who decides on items like omega-3 for DCF (foster) children. Currently, the AO staff must approve supplements. This is a grey area as to whether it is a medical, psychiatric, or nutritional issue.
   - **Impulse Aggression in ADHD:** Symptom Severity, Co-Morbidity and ADHD subtype: Diagnostic confusion noted with this group of children (ADHS vs. Bipolar, Etc.)
   - A discussion regarding problems getting patient records from DCF and/or from Hospitals took place.

- Noted that this may be one or more of the following:
  - Provider to provider communications problem.
  - Response time issues.
  - Failure to make a request for information.
- Based on experience some of the PMAC members noted that it is best to ask DCF workers to retrieve the data from LINK. Best results are when specific information is requested.
- Getting good and timely clinical information often depends on fostering personal relationships within AO.
- A lack of formatting of information in LINK is noted. Much of the input is in narrative format.
- Less AO administrative support available may be a factor.

9. Adjournment: adjourned at 2:45PM.

Respectfully Submitted:

David S. Aresco