

**DCF Psychotropic Medication Advisory Committee**  
**Monthly Meeting Notes**

December 04, 2009, 1:00PM  
Riverview Hospital for Children and Youth  
Middletown, CT.

PRESENT: See enclosed attendance record.

1. Call to order: Dr. Williams called the meeting to order at 1:07 pm.
2. Set date/time of next meeting: The next meeting is scheduled for **January 08, 2010** from 1-3PM; RHCY AB Conference Room.
3. Minutes: The minutes of the October 2009 PMAC meeting were reviewed and approved.
4. Announcements:
  - Medicaid Update: Defer.
  - AACAP Psychopharmacology Institute: Seminar "Psychopharmacology in the Era of Personalized Medicine" will be presented in New York City on January 22-23.
5. Medicaid Pharmacy Data.
  - Value Options Executive Summary: Presented by Laurie Vanderhide: An executive summary document was distributed, reviewed and discussed in detail. The report was accepted by the PMAC with the following issues noted.
    1. Item 3.C.ii: noted that this young adult age group of 19-24yrs old may include some DCF clients ("children"). Recommend this group be broken out as DCF and non-DCF when data is reported.
    2. A question was raised as to how medications that may be included in more than one therapeutic class would be reported specifically regarding the need to avoid double or triple counting utilization of these medications. It was noted that data might be limited as the reason the medication is being prescribed (diagnosis) is not included in the database. PMAC recommends the Subcommittee review the Key used to determine therapeutic class of medications and what medications are in each class and report back to the PMAC with recommendations to possibly resolve this issue.
    3. Subcommittee membership should be listed as part of the Executive Summary Report.
  - DSS Pre-authorizations: PMAC is being requested to develop pre-authorization standards for the Husky program to include all behavioral health medications. The time frame on this is 6-12months. A sample of a

similar program developed by Massachusetts was distributed and reviewed. It was noted that this would be purely a cost savings tool but would need to be reasonable regarding logistics, restrictions, etc. Various potential problems and/or issues were discussed.

1. Utilization of Brand Name vs. Generic medications.
2. Determination of actual cost savings realized taking into account the cost of the preauthorization program development and ongoing operations.
3. Possible decreased access to care discussed.

This subject will be taken up at the next meeting of the Subcommittee. All PMAC members are encouraged to participate in person or remotely. The date/time of the next Subcommittee meeting will be announced once set.

#### 6. Update by PMAC Annual Psychopharmacology Conference Sub-Committee

- Beth Muller led the discussion and provided an update on the activities of this sub-committee:
  - Clifford Beers Issue: The Subcommittee is recommending that the PMAC Conference not be shared with the Clifford Beers conference. Reasons include; the time is too short to properly coordinate the activities, the cost would be prohibitive, there would be no mechanism to procure CME credits.
  - There is now a proposal to co-sponsor with UConn and CCMC. The Subcommittee is actively looking into the viability of this proposal.
  - Programming:
    1. Should include targeting practices that treat Husky clients.
    2. Am programming to provide information to assist with the management of clients within a pediatric practice setting.
    3. PM programming would then provide information to assist with managing the more complex patients that need interdisciplinary collaboration.
  - Conference Date: now recommended to be at the end of April or in May or the beginning of June. After discussion the PMAC recommends April but not during school vacation.
  - CME: It was discussed and agreed that the conference would need to provide CME in order to attract participants.

#### 7. Adverse Drug Reaction Reporting (ADR)

- Addition of Riverview reported ADR's to the PMAC reportable database: The contact person at Riverview was asked to provide their ADR's. There was some confusion as to what ADR's were wanted. After discussion the PMAC is requesting that all ADR's from Riverview be included and not just those from DCF children.
  - There was some discussion as to what ADR's should be reported to CMCU. There may be significant under reporting as it may be that ADR's are being reported only on DCF committed children. PMAC

agrees that ADR reports should include all children in the care or custody of DCF and all children in Riverview.

- Moban vs. Atypicals: As assigned; Research was completed to determine if weight gain from atypical antipsychotics is dose related. As assigned; Research was completed to determine how Moban (molindone) compares to atypical antipsychotics in terms of weight gain.
  - Research results were distributed and discussed in detail.
  - Results: weight gain from atypical antipsychotics is not dose related.
  - Results: Moban (molindone) is associated with weight loss vs weight gain.

These results led to a general discussion regarding the risk benefits of using typical vs. atypical antipsychotics considering the possible ADR's of metabolic disorders and movement disorders respectively.

#### 8. Follow-up on Medication Booklet:

- The most recent draft edition of the booklet was distributed, reviewed and discussed in detail.
- Issues discussed included who the audience should be, how to distribute the booklet, does the booklet have any value.
  1. Audience/value: possibly foster parents especially if it results in an increased chance that the foster parent will ask providers useful questions regarding medication therapy.
  2. There was a suggestion that the booklet contains such a large amount of information that it may be overwhelming.
  3. The PMAC members had varying opinions on the usefulness of this booklet.
  4. Distribution: suggest CAFAP be invited to discuss how this may be distributed.
- Several recommendations were made regarding further editing of the content.
  1. Add to overview: Some language indicating that this booklet is not intended to replace communication with care givers but to encourage informed discussion.
  2. Add a section suggestion what information to have ready for the prescribing practitioner at the time of a visit.
  3. Change the word Doctor to Prescriber throughout the document.
  4. Addition of a medication-tracking sheet.
  5. Addition of a section on the storage and security of medications.
  6. Addition of the poison control number.
- Plan: the recommended changes will be made to the booklet. The updated draft will be forwarded to Dr. Williams and Kristine Ridyard prior to December 15, 2009. The draft will then be reviewed by the ARG nurses and their feedback taken into consideration.

9. OTHER:

- Formulary Review: PMAC is requesting the following medications be reviewed at the January 2010 meeting. The pharmacy consultants will provide the monograph for the reviews.
  - Saphras (asenapine)
  - Fanapt (iloperidone)
- Grand Rounds Riverview Hospital for Children and Youth January 2010: Will include information on genetic testing; possibly appropriate with therapeutic failure of multiple trials of multiple medications.
  - The pharmacy consultants were also asked to research this subject and report back.

10. Adjournment: Dr. Williams adjourned the Committee at 3:00PM.

Respectfully Submitted:

David S. Aresco