

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

February 5, 2010 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 1:13 pm.
2. Set date/time of next meeting: The next meeting is scheduled for March 5, 2010 from 1-3PM; RHCY AB Conference Room.
3. Minutes: The minutes of the January 2010 PMAC meeting were reviewed and approved.
4. Announcements:
  - DSS-P&T Committee Meeting: This meeting is open to the public and will take place on Thursday March 4, 2010. The committee will be discussing Antidepressants, Anxiolytics, and Neuroleptics. Medications in these drug classes will be considered for formulary status. Any proposed restrictions etc. will be presented and voted on. Clinical as well as cost data will be considered. Dr. Williams is on the agenda to make a brief presentation regarding the ongoing activities of the PMAC and CMCU. ALL PMAC members are invited to attend.
  - DSS Provider Bulletins: Cheryl Wamuo provided an update:
    - A new law effecting autism will expand required coverage of services by insurance companies. There is a cap of \$50,000/child under the age of 9 years and \$30,000/child over the age of 9years. This requirement does not include Medicaid clients at this time. The types of autism covered are defined in the law. What disciplines can provide covered services is defined in the law. Additionally behavioral therapy is covered. There is some description of the types of behavioral therapy covered. The law does make it clear that the therapy must be evidenced based.
    - A law is now in effect that provides coverage for non-citizens that are in the United States legally.
    - Pharmacy Related Bulletin (an original and clarification document was distributed): Patients who are "dual eligible" (Medicare and Medicaid) will be required to pay a \$15 co pay for prescriptions. This affects only institutionalized individuals (i.e. nursing home patients). For the most part this will not affect DCF clients as they do not have dual eligibility.
5. Report of AACAP Psychopharmacology Seminar: This seminar "Psychopharmacology in the Era of Personalized Medicine" was presented in New York City, January 22<sup>nd</sup> and 23<sup>rd</sup>.
  - This was discussed in detail by PMAC members – topics included:
    - Antidepressant therapy
    - Genetics
    - Topiramate (Topamax) including problems with memory.
    - 3 medications now in the pipeline for weight loss
    - Moban – no longer being manufactured as of Feb 2010. Supplies of this medication are predicted to last until June 2010.

- ❑ Use of 1<sup>st</sup> generation antipsychotics: may be appropriate if the patient has metabolic syndrome. A careful risk benefit analysis is recommended.
- ❑ Fasting glucose vs. A1C discussed as a diagnostic tool.

6. Med Protocol Review:

- ❑ Cymbalta: CMCU has noted an increase in the number of requests for this medication and sometimes at high doses. A full protocol review of this medication will be prepared and presented at the next meeting.
- ❑ Pristiq: Discussed. As this medication is essentially identical to Venlafaxine (Effexor) and is much more costly PMAC recommends NOT adding this medication to the Approved Drug List.
- ❑ Intuniv Article: and article on Guanfacine Extended Release (Intuniv) use in ADHD was distributed, reviewed and discussed.
  - ❑ There were positive outcomes in ADHD, Oppositional Defiant Disorder, and other emotional disorders.
  - ❑ Dosing – start at 1mg/day and titrate up to a max of 4mg/day. Use 0.12mg/kg as a dosing guide.
  - ❑ Side effects – noted not as dramatic as clonidine.
  - ❑ A PMAC member presented some anecdotal data: reported switching Tenex to Intuniv and the patient is doing well. Also with ADHD or ODD when there is therapeutic failure on other medications switching to Intuniv seems to result in positive outcomes.
  - ❑ Other PMAC members presented additional anecdotal data: Mixed results reported. Some significant side effects were noted such as somnolence although this may be dose related. Also this side effect may be acceptable if the patient also has insomnia or other sleep problems.
  - ❑ PMAC concurs that reported successful outcomes are probably not with pure ADHD patients but mixed diagnosis patients with ADHD as well as trauma and or OCD type symptoms.
  - ❑ Noted that this formulation is much more costly than regular release guanfacine (Tenex).
  - ❑ Noted Intuniv is on the Medicaid formulary.
  - ❑ **PMAC voted to add Intuniv to the approved drug list and the Drug Use Protocol Guideline with a maximum recommended dose of 4mg/day.**
  - ❑ PMAC voted to review Saphras and Fanapt for Approved Drug List consideration at the next meeting.

7. Obesity Sub-Committee Report: (OSC); Sub - Committee Chair (Dr. Siegel) reporting:

- ❑ The 4<sup>th</sup> meeting took place today from 12n-1pm.
- ❑ The OSC discussed changing Zyprexa form 1<sup>st</sup> line therapy to 2<sup>nd</sup> line in adolescents and 3<sup>rd</sup> line in children.
- ❑ OSC further discussed Risperidone vs. Zyprexa therapy as well as Geodon dosing.
- ❑ A more detailed summary of the OSC meeting will be provided at the next PMAC meeting.
- ❑ A change to Zyprexa Prescribing Information (from the FDA) was distributed and discussed.
- ❑ Zydis and M-tab dosing formulations were discussed including absorption rates.
- ❑ **A recommendation was made to change the CMCU status of Zyprexa to a mandatory review by the regional Medical Director for all new starts**

(renewals would not require this higher level review). PMAC voted to approve this recommendation.

- The article from Pediatrics “Screening for Obesity in Children and Adolescents: US Preventative Services Task Force Recommendation Statement” was distributed reviewed and discussed. Discussion topics included:
  - BMI issues
  - Referral Issues
  - USPSTF Recommendations such as weight loss programs and the grade of the recommendations.
  - Program format: 1-2hrs/week x 6months of diet, physical activities, and counseling.
  - Medicaid funding
  - Yale Bright Bodies program: capacity unknown but possibly 600 children.
- PMAC members are asked to forward information on any weight loss programs that may be available to the OSC Chair.
- Noted that DCF “in-house” programs may be needed as formal weight loss programs may not have the necessary capacity or coverage/funding.
- An internet based BMI calculator was described and discussed. This calculator used percentile not an actual number.
  - Recommendations are included in the Web site. The most appropriate should be gleaned from the list per each individual situation. At this point cultural and socio-economic considerations were discussed.
- Time constraints imposed by third party payers (such as Medicaid) often result in as little as 15min being spent with each patient. This leaves little or no time for nutritional counseling.
- It was noted that per DCF licensing food cannot be “restricted” and this may be a problem.
- Cheryl Wamuo agreed to explore possible funding through DSS.

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

- Beth Muller led the discussion and provided an update on the activities of this sub-committee:
  - Dan Conner will be the keynote speaker; topic TBA.
  - The target date is Friday June 4<sup>th</sup>, 8am –1pm.
  - Location: RVHCY
  - Program will carry 5CMES (Via CVH).
  - The tentative program is:
    1. Keynote Address- Dr Dan Connor
    2. ADHD
    3. Autism
    4. Break
    5. Depression and Anxiety
    6. Lunch
    7. Q&T with Panel of Experts
  - The speakers should target primary care providers in the presentations.
  - Take away tools should be included.
  - Information presented should be less “dense” than in the previous conference.
  - P&T Consulting will assist with coordinating the CME.

- ❑ P&T Consulting will coordinate food. Most likely a boxed lunch with a sandwich. The program registration should include a check box for type of sandwich. At least one type will be a veggie.
  - ❑ P&T Consulting will manage the program funds as last year.
  - ❑ Noted that the capacity at RVHCY is 75 so registration will be on a first come first serve basis.
  - ❑ The fee will be \$60.00
  - ❑ A save the date notification with basic program information will be sent in 2 weeks.
  - ❑ The Sub-Committee chair is resigning as chair and the PMAC appointed Dr. Narad as the new chair.
9. Follow-up on Medication Booklet: Monica Jensen provided an update:
- ❑ The most recent revised draft version of the booklet will be ready for review at the next meeting.
  - ❑ Circulation and distribution was discussed. Suggestion made to invite CAFTP, NAMI, AFCAMP and Foster Patent Association representatives to the next PMAC for input on who would be best served by this booklet.
10. Adjournment: Dr. Williams adjourned the Committee at 3:00PM.

Respectfully Submitted:

David S. Aresco