

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

March 5, 2010 1:00PM

Riverview Hospital for Children and Youth  
Middletown, CT.

PRESENT: See enclosed attendance record.

1. Call to order: Dr. Siegel called the meeting to order at 1:10 pm.
2. Set date/time of next meeting: The next meeting is scheduled for **April 9, 2010 from 1-3PM**; RHCY AB Conference Room.
3. Minutes: The minutes of the February 2010 PMAC meeting were reviewed and approved with the following changes. Change the spelling of Saphras to Saphris.
4. Announcements:
  - Dr. Davis Gammon is in attendance: Dr. Gammon is a child psychiatrist.
  - Reminder of the upcoming Annual Conference in Boston.
  - DSS Provider Bulletins: Cheryl Wamuo provided an update: A Q&A document was distributed to further clarify/explain the new law regarding Autism insurance coverage. This law requiring private insurance to cover Autism went into effect 01/01/2010. The law is a requirement for commercial/private insurance only (Medicare/Medicaid are exempt) and small businesses are exempt. Noted that behavioral therapy does have an annual dollar cap.
    1. Coverage was reviewed and discussed.
    2. Diagnosis was discussed; is valid for 1 year.
    3. Still questionable as to who is responsible for treatment plans.
    4. Some discussion regarding why APRN's are not included in item 6 of the document.
  - Some additional handouts were distributed, reviewed and discussed.
    1. Immunization record requests discussed including turn around time.
    2. It was generally agreed that this should help prevent multiple immunizations of the same child.
  - DSS multidisciplinary evaluations (MDE's) and billing procedures for clinics was discussed. Several problems were brought up but it seems they may have been resolved. A directional document was distributed, reviewed and discussed. Noted that a Committee has been formed to implement recommendations of the DCF April 2009 report on MDE's.
  - The position of Health Care Advocate (HCA) was discussed. There are 5 in the state and there is a link on the DCF site to the HCA's. HCA's provide front line help especially in dealing with problems associated with insurance coverage. An example would be arranging for coverage denials to be reviewed and appealed.
  - The process for emergency prescription filling was discussed. This allows for a one time filling of an initial prescription for 14days or perhaps 30days. PMAC members seem to think many pharmacies are unaware of this process. Cheryl will provide the Medicaid policy on this at the next meeting. Scott Gott is in the Pharmacy Unit of DSS and it was suggested that he be invited to a future meeting to help clarify this issue.

5. Report on the DSS P&T Committee Meeting 3/4/10: There were over 100 spectators in attendance.
- ❑ Dr. Narad and Dr. Harris provided a brief overview of the PMAC and the CMCU and described the work being done. (Approved drug list, Protocol, Max dose guidelines, screening each new/changed medication order, etc.)
  - ❑ It seemed the DSS P&T process was anecdotal and much less evidenced based than the PMAC process.
  - ❑ DSS P&T Committee members were impressed with the PMAC and CMCU process.
  - ❑ DSS P&T made decisions regarding what psychotropic medications would need pre-approval.
  - ❑ A recommendation was made and approved to obtain a list of medications that were approved at the meeting.
  - ❑ It was noted that there is a “grandfather” clause allowing patients to stay on a medication for up to 1 year even if that medication is DSS non-formulary or required pre-approval.
  - ❑ Noted there is a bill pending in the legislature requiring the addition of a DCF and an outside psychiatrist to the DSS P&T Committee. Also noted that the DSS P&T voted to make these additions to membership so the new law will not really be needed.
  - ❑ It was noted that this was the initial review of psychotropic medications by the DSS P&T and subsequent reviews of this drug class will most likely result in tighter restrictions on the use of these medications.
6. Med Protocol Review:
- ❑ Cymbalta: Previous reviews of this medication were summarized and discussed. Hepatotoxicity was discussed.
    1. NEW DATA: there is very little new data regarding the safe and effective use of this medication in children. Amy Veivia reviewed 3 case studies.
    2. An increased use of this medication in the community setting is noted by CMCU.
    3. PMAC requests that the Pharmacist Consultants determine if the manufacturer have any data relating to the use of this medication in children. The existence of any Government trials relating to the use of this medication in children will also be researched.
    4. PMAC voted to table this agenda item until the next meeting when the requested additional information will be presented by the pharmacist consultant.
  - ❑ SIDEBAR: a recommendation was made and discussed: CMCU would approve the continuation (not initial therapy) of medications not on the approved drug list “provisionally” for 60 days. This would provide time to develop a plan for conversion to an appropriate medication at an appropriate dose that is on the approved drug list. There was some discussion regarding how this might work logistically. CMCU will discuss this at their next meeting and PMAC will expect feedback at the next meeting.
  - ❑ Saphris: This is a relatively new medication and there is no data on the safe and effective use of this medication in children. A drug information monograph was distributed, reviewed and discussed.
    1. Some issues with the route of administration were discussed: When administered SL (or buccal) as intended absorption is about 35%. When swallowed absorption is reduced to less than 10%.

2. Noted that clinical studies were not impressive and 2 actually had negative results.
  3. The mechanism of action and side effects were discussed and noted to be similar to other atypical antipsychotics.
  4. PMAC voted to **NOT APPROVE** this medication for addition to the Approved Drug List.
- Fanapt: This is a relatively new medication and there is no data on the safe and effective use of this medication in children. A drug information monograph was distributed, reviewed and discussed.
    1. It was noted that this medication is similar to risperidone.
    2. QTC interval changes discussed. Noted this medication has all the same warning as ziprazadone.
    3. Noted that initiation of therapy must be via a slow and careful titration to avoid ortho-static hypotension. The manufacturer does make a titration pack.
    4. Noted there are significant drug-drug interactions relating to CP450 substrate.
    5. Clinical studies were described and discussed. Results were not impressive.
    6. Noted that this medication was initially denied approval by the FDA (several years ago).
    7. PMAC voted to **NOT APPROVE** this medication for addition to the Approved Drug List.
  - Formulary History Review: Defer to next meeting.
7. Article Review: Two articles were distributed reviewed and discussed:
    - “Trend in Antipsychotic Drug Use by Very Young, Privately Insured Children”: Review and discussion led by Chris Malinowski APRN.
      1. PMAC recommends tracking trends in children 6yrs old or younger in the DCF data set.
      2. This led to a discussion of the downsizing of DCF facilities for children 6yrs old or younger.
    - “Doing an About-Face on ‘Overmedicated’ Children”: Review and discussion led by Aurele Kamm.
8. Update by PMAC Annual Psychopharmacology Conference Sub-Committee
    - Dr. Narad 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 (provisionally Via CVH).
      - Program planning etc. in on track and on schedule.
9. Follow-up on Medication Booklet: David Aresco provided an update:
    - The most recent revised draft version of the booklet was distributed for review and discussion.

- ❑ A recommendation was made and approved to remove all medications from the booklet that are not on the PMAC approved drug list.
- ❑ Page 10. Correct spelling of insomnia.
- ❑ Page 17: Delete Narcolepsy from the “Used to treat” list. Add Tenex and Intuniv to the list of medications.
- ❑ Page 19: change Antianxiety to Anti-Anxiety. Delete Seizure and Muscle spasms from the “Used to treat” list. Delete Paxil from the list of medications.
- ❑ As there was not sufficient time to complete the review of the Medication Booklet the PMAC recommends moving this item higher on the agenda at the next meeting.

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

Respectfully Submitted:

David S. Aresco