DCF Psychotropic Medication Advisory Committee Monthly Meeting Notes

April 4, 2008, 1:00PM Riverview Hospital for Children and Youth Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Blyse Soby RN DCF CO; Alton Allen M.D. RVH and HM; Patricia Cables APRN, Wheeler Clinic; Joseph Flanagan M.D., CJTS; Irv Jennings M.D., Family & Childrens; Beth Muller APRN, UConn; C.A. Gonzalez M.D. IPP; Jacqueline Harris MD, DCF Western Regional Medical Director; Amy J. Veivia Pharm.D. Pharmacist Consultant; Joan Narad M.D. DCF CO; M. Waqar Azem M.D. RVHCY; Naida Arcenas APRN, DDS; Tiffany Colandrea Pharmacy Student; Beverly Ramsey Parent Advocate; Tima Spokes RN, DCF ARG Hartford; Mary Ann D'Addario RN, DCF CO; Aurele Kamm APRN, DCF CO; Lesly Siegel M.D., DCF Regional Medical Director; Dr. Mark Schaefer DSS (Guest); John Swanson CTBHP (Guest); Laurie VanderHeide CTBHP (Guest).

- 1. Call to order: Janet Williams MD called the meeting to order at 1:07 pm.
- 2. <u>Set date/time of next meeting</u>: The next meeting is scheduled for May 2, 2008 from 1-3PM; RHCY AB Conference Room.

3. Announcements:

- Dr. Narad presented an abstract regarding cyclical neutropenia in African Americans possibly related to clozapine therapy. The Pharmacy consultants will research this issue and report back at the next meeting.
- Dr. Narad noted that there have been reports of amantadine use for aggression in young children as an alternative to the utilization of an atypical antipsychotic. The Pharmacy consultants will research this issue and report back at the next meeting.
- □ Dr. Williams announced that a conference sponsored by DDNA and ADMD will be taking place at Foxwoods of April 6, 7, 8, and 9. The Sunday session includes presentations regarding medication use in autism. Contact Naida Arcenas for further information.
- 4. <u>Minutes</u>: The minutes of the March 1, 2008 PMAC were reviewed and approved with the following minor changes.
 - □ Include Dr. Narad and Dr. Azeem as present for the meeting.
 - Correct spelling for Amy and Anastasia.
- 5. <u>CT BHP role in reviewing pharmacy utilization data: Possible participation/collaboration from PMAC.</u>
 - Dr. Mark Schaefer presented the proposal in detail including:
 - o The history and current role of BHP.
 - o The history of the Pharmacy Benefit and the role of Value Options.
 - What would be expected of the PMAC; review data and identify prescribing patterns for opportunities to improve care and/or reduce cost. PMAC role would be educational.
 - Models for data collection and analysis used by some other states.
 - A Sample "Value Options Pharmacy Analysis Reporting Package" was distributed to show the types of data sets available.

- Dr. Williams then led a discussion to determine if the PMAC should consider this project. It was noted that the PMAC is a multi-disciplinary group and could provide points of view and recommendations based on input from prescribing practitioners (MD's, APRNS), nurses, pharmacists, and the lay public (parent). It was noted that if the PMAC does not accept this project some other group will be assigned the project who may not have the expertise and understanding of the PMAC when reviewing and interpreting the data. The PMAC bylaws were reviewed and it was agreed that the bylaws do not limit the PMAC from accepting this project.
- □ The Committee agreed to review the information presented. Dr. Schaefer was asked to arrange for the Committee to see exactly what information is available in the CT DSS data base and have that available for the next scheduled PMAC meeting. PMAC members will develop any questions they may have and the proposal will be discussed and a decision made at the next PMAC meeting.

Review of Medication Guidelines/Protocols:

- □ The guidelines for Atypicals were reviewed and discussed in detail. Issues discussed included.
 - □ Frequency of weight monitoring.
 - Fasting insulin and BMI.
 - ☐ The definition of "baseline" i.e. how far in the past in the medical record can one go to find a value and use it as baseline.
 - □ EKG
- □ The following changes were approved:
 - □ Add Ht, Wt, BP, P and BMI calculation monthly.
 - □ Change baseline Fasting Insulin to FBS with a comment that a BMI>85th percentile would require a PCP consult.
 - □ Clozapine: change the Fasting Glucose etc. to be consistent with the other atypicals.
 - □ Baseline for EKG is 1yr max. Baseline for blood work is 90days max.
 - □ Change EKG to "if clinically indicated".
- □ The maximum dosing guideline was distributed for Atypicals for review but deferred for discussion at the May meeting.
- 7. Update: CMCU and the need to re-contact community provider network.
 - DEFER to the May meeting.
- 8. Adjournment: Dr. Williams adjourned the meeting at 3:00pm.

Respectfully Submitted: