DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
July 24, 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 1:03 pm. Introductions were done.

2. Set date/time of next meeting: The next meeting is scheduled for September 4, 2009 from 1-3PM; RHCY AB Conference Room.

3. Announcements:
   - A booklet is being developed as a guide for parents, guardians, and their children regarding medications used to treat mental, behavioral, mood and emotional disorders. A first draft has been completed and will be distributed to PMAC members for review and discussion at a future PMAC meeting.
   - Aurelee Kamm and Curtis Harmon participated in a training academy for social workers. Training focused on the Medication Consent Process.
   - Membership of the Educational Conference Sub-Committee was assigned:
     - Beth Muller – Chair
     - Curtis Harmon
     - Amy Veivia
     - Chris Malinowski
     - Brian Keyes
     - Janet Williams
     - Pieter Joost VanWattum
   - The Educational Conference Sub-Committee will arrange and set meeting dates and times. Several possible subjects for the seminar were discussed.

4. Minutes: The minutes of the June 2009 PMAC meeting were reviewed and approved.

5. Review of DCF Monitoring Protocol:
   - Amy Veivia lead the discussion: There are no recommended changes to the current protocol: This is based on a review of approximately 300 published articles that relate to the protocol.
   - Additional discussion on specific areas included:
     - The maximum dose of fluoxetine (Prozac) should be 60mg for children and 80mg for adolescents.
     - Primary care physicians may be concerned regarding recent information surrounding the use of stimulants for ADHD and recommendations for EKG's. The PMAC concurs that these concerns are unfounded based on the most recent data available. The

committee suggests that this might be a good subject for the next educational conference.
- A recommendation was made to have Invega and Rozerem reviewed at the next PMAC meeting for possible inclusion in the approved drug list.
- For those items on the Max Dose list that state “No Data Available”; a recommendation was made to pull together case data and use this information to reach a consensus on a maximum dose recommendation. This would result in a recommendation based on current local experience. The committee agrees that this is a logical next step in developing max dose recommendations.
- PLAN: For each drug that has “No Data Available” – PMAC members are asked to send max dose recommendations to Amy Veivia. Amy Veivia will then research case studies etc. and report this information at the September 04 PMAC meeting.
- Genetic testing for rapid metabolizers was discussed. The cost ($1,200/test) was noted as an issue. The committee decided to place this issue on the agenda for the September meeting for further discussion.

6. <u>Medicaid Pharmacy Data Report :</u>
   - Dr. Williams lead the discussion: Data for the entire 2008 calendar year is now available and is being reported out as 6 separate reporting areas.
   - Reporting will then occur every 6 months.
   - Reporting will include data on all Husky covered children.
   - It was noted that it is unclear if reporting can distinguish DCF Committed vs. Voluntary children/adolescents vs. the general population of patients. This will need to be clarified.
   - A subcommittee was formed to work with the Medicaid Pharmacy Data Reports. The subcommittee members are:
     - Janet Williams
     - Jacqueline Harris
     - Aurele Kamm
     - Curtis Harmon
     - David Aresco
     - Amy Veivia
     - Leslie Siegel
     - Brian Keyes
     - Pieter Joost VanWattum
   - PLAN: Reports and other relevant data will first be provided to the subcommittee. The subcommittee then presents the data to the full committee. The subcommittee will then meet and using the reported data plus information/recommendations from the PMAC make recommendations to the full PMAC.

7. Obesity, Life Style and Nutrition Sub-Committee:
   - Dr. Siegel lead the discussion: the plan is to limit the scope of the subcommittee's work to developing a protocol, guidelines and/or flow sheets intended for DCF children and adolescents who are currently prescribed and taking antipsychotic medication.
   - A subcommittee was formed to work on this project: The members are:
     - Leslie Siegel – Chair
     - Aurele Kamm
     - Kristine Ridyard
     - Tina Spokes
     - Curtis Harmon
     - Barbara Kimball-Goodman
     - Alton Allen
   - Materials were distributed to the subcommittee members for review.

8. OTHER:
   - MEDICAID (Husky): Dr. Williams has been notified that Medicaid (Husky plan) administrators are interested in the PMAC process utilized in developing the Drug Use Guidelines and the Approved Drug List. The Husky plan may adopt the process especially if the reported data shows different outcomes for DCF Committed children/adolescents compared with other populations.
   - SLEEP MEDICATION: the time limited approval for medications used for insomnia was discussed. It was noted that the 30day approval for trazodone and other sleep medications is in place to encourage utilization of sleep hygiene methodology vs. medications. The committee agrees that medication use for insomnia should be a short-term intervention.
   - BIOFEEBACK – NEUROFEEDBACK: these techniques were discussed. Data shows that these treatments (when used for PTSD in adults) resulted in a reduction in medication use with equivalent outcomes. There is no data available regarding these treatments being used in children. Thare may be additional data that shows good outcomes.
     - Beth Muller will investigate further and report back to the committee in September 2009.

9. Adjournment: Dr. Williams adjourned the Committee at 2:17PM.

Respectfully Submitted:

David S. Aresco