

**DCF Psychotropic Medication Advisory Committee**  
**April 5, 2013 1:00PM**  
**Albert J. Solnit Children's Center, Middletown, CT.**  
**Meeting Notes**

Present: Lesley Siegel, M.D. Chair; David Aresco, RPh; Chris Malinowski, APRN; Joan Narad, M.D.; Amy Veivia, Pharm.D.; Jacqueline Harris, M.D.; Lee Combrinck-Graham, M.D.; Allen Alton, M.D.; Irvin Jennings, M.D.; Jason Gott, RPh.; Patricia Cables, APRN; Allana Lee, D.O.

1. Call to order: Dr. Siegel called the meeting to order at 1:10pm.
2. Set date/time of next meeting: The next meeting is scheduled for May 3, 2013 from 1pm – 2:30pm; Solnit Center AB conference room.
3. Minutes: Review and approve minutes of the March 2013 meeting.  
Correction: change DMAS to DMHAS. Minutes approved with this change.
4. Announcements.
  - Dr. Allana Lee (Child and Family Agency) was introduced to the members.
  - Dr. Siegel contacted Cheryl Jacques, APRN (head of Young Adult Services – DMHAS) to see if she or another designee would be interested in joining PMAC. Dr. Siegel has not yet received a response.
5. Old Business:
  - Approved Drug List
    - Review methylphenidate ER liquid (Quillivant) for addition: Dr. Veivia presented information on this medication to the committee. It was noted that this medication is in powder form that is reconstituted by the pharmacist at the time of dispensing. The drug is available in 60ml, 120ml, 150ml, and 180ml sizes. All have a concentration after reconstitution of 25mg/ml. Noted that the starting daily dose is 20mg and the maximum daily dose is 60mg. A study was described showing that a single dose of Quillivant is equivalent to repeated doses to I.R. formulations. The committee approved this medication for addition to the approved drug list. The maximum daily dose is 60mg.
    - Review long acting depo IM psychotropics for addition: Dr. Veivia noted that there is no experience utilizing these medications in children/adolescents found in the literature. Several PMAC members described cases of depo antipsychotic medication use in adolescents between 15 – 17 yrs of age. Two cases had positive results. No recommendations made by the committee on this matter.

- Modify list format: include FDA approval criteria to include age and diagnosis: A draft document was distributed and reviewed in detail. The content was reviewed/discussed in addition to the format. Several modifications were recommended and will be made and presented at the May 2013 meeting.
  - Decision history posted on the DCF PMAC Web site:
    - A draft document was distributed and reviewed in detail. The content was reviewed/discussed in addition to the format. Several modifications were recommended and will be made and sent to Dr. Siegel and the DCF web master for posting on the DCF web site.
6. New Business: Newtown Bill: DCF responsibilities included in this legislation were reviewed and discussed. It was noted that money has not yet been allocated.
7. Other as time allows:
- PMAC venue: due to the new security measures in place at the current venue a recommendation was made to move the meeting to a more open site. Dr. Siegel will inquire as to how long these measures will be in place at the current venue.
  - ValueOptions Psychotropic Medication Work Group: This group includes DSS (Bill Halsey), Value Options, DMHAS and DCF (Dr. Siegel). The group was formed in response to a letter from Senator Grassley (Iowa) that raised concerns regarding potential fraud and excessive use of stimulants and antipsychotics in the Medicaid population. In response Connecticut has formed this group. The group will implement processes to identify outlier prescribing patterns with stimulants and antipsychotic medications. The group has met 3 times to date.
    - Data has been gathered showing all Medicaid children (3% are DCF children) that have been prescribed more than 1 antipsychotic for more than 30 days.
    - The next project will look at committed vs. non-committed DCF children/adolescents. The data base queried will be Value Options who will be able to provide comparative data.
  - Department of Consumer Protection Controlled Drug Tracking: this program was briefly described/discussed. A more detailed presentation regarding how this program works will be presented at the May 2013 meeting.
8. Adjournment: the meeting was adjourned at 2:34pm

Respectfully Submitted:  
David S. Aresco, RPh, FASCP