DCF Psychotropic Medication Advisory Committee
Meeting Minutes
May 04, 2012
Solnit Center for Children, Middletown, CT.

PRESENT: David Aresco, Pharmacist; Amy Veivia, Pharmacist; Alton Allen, M.D.; Carlos Gonzalez. M.D.; Chris Malinowski, APRN; Jason Gott, Pharmacist; Curtis Harmon, APRN; Beth Muller, APRN; Margaret Rudin, APRN PhD; Lesley Siegel, M.D.

1. Call to order: Dr. Siegel called the meeting to order at 1:07pm.

2. Set date/time of next meeting: The next meeting is scheduled for June 01, 2012 from 1pm – 2:30pm; Solnit Center AB conference room.

3. Minutes: Review and approve minutes of the April 2012 meeting: Minutes approved with no changes

4. Announcements: Dr. Rudin will be leaving her position with the CMCU and take a position as the consulting psychologist at DDS. This is effective 18 May 2012.

5. Old Business:
   - Drug-drug interaction (DDI) tool: The tool recommended is Facts & Comparisons (F&C). Pharmacy &Therapeutics Consulting (P&T) has an account with F&C that can easily be shared with the CMCU. David Aresco of P&T is arranging to demonstrate this tool to the CMCU. A decision will be made after the demonstration as to whether this tool is adequate for the CMCU.
   - It was noted that P&T maintains a drug information line for DCF use. Any DCF affiliated health care professional, DCF worker, or foster parent may use this resource. Any questions relating to medication use may be left with this service. All calls received by 1pm Monday-Friday (excluding holidays) will be returned by the end of that business day. All calls received after 1pm will be returned by 1pm the following business day. The drug information phone number is 203-294-4441 or toll free 877-257-2788.
   - Dr. Siegel informed the Committee that information regarding the CMCU and also web site access was sent to all DCF staff and was well received.

6. New Business:
   - Approved Drug List: Re-evaluation of citalopram (Celexa); especially regarding prolonged QTC when combined with certain other medications: Information from Facts & Comparisons was distributed (see enclosed). An

FDA safety alert regarding this issue dated 03-28-2012 was distributed (see enclosed). Both documents were reviewed and discussed. The recommendation from the committee is to monitor ECG in patients on concomitant medications that prolong the QT interval. P&T Consulting is tasked with developing a list of medications that prolong QT interval and to sort the list by drug and by risk of QT prolongation with the worst offenders at the top. This list should also include medical drugs commonly used in children and adolescents. There will also be information regarding other activities that may prolong QT interval such as illicit drug use and ingestion of certain foods and/or drinks.

- Rare event reporting was briefly discussed.
- DDS Preferred Drug List (PDL): Jason Gott assisted the PMAC in understanding the process involved with the PDL and also how the Prior Approval (PA) process functions. There was a long discussion regarding various questions and issues surrounding the PDL and PA process (see enclosed bulletin).
    - PDL was instituted in 2005 via DSS. The medications on the PDL are approved by a Pharmacy & Therapeutics Committee (P&T). P&T members are appointed by the legislature. It was noted that at present there is not a child psychiatrist on the P&T. There currently is a bill before the legislature (introduced by DSS) that would result in the appointment of a DCF member and/or a child psychiatrist to the P&T. Dr. Siegel has requested the DCF legislative liaison (Josh Howroyd) to support this bill.
    - PDL status for each medication considered is based on a complex formula of non-financial and financial data. This formula is not available to the public for review.
    - Mr. Gott indicated that PA for non-controlled medications is valid for 1yr and PA for controlled medications is valid for 6months. Several members of PMAC questioned the logic behind these time frames. Mr. Gott explained that these time frames mimic State law in that non-controlled prescriptions are valid for one year and prescriptions for controlled drugs are valid for 6months.
    - It was noted that the DDS PA process is documented on the DCF web site. A form that includes a check box indicating the drug is medically necessary, a place to write a brief note on why the drug is medically necessary, and an MD signature, is available via the web site. The form is competed and then faxed to DSS. If the three required items on the form are completed then the drug is approved. Noted that DSS is mandated to have a 2 hour turn around time FROM THE TIME THE FAX IS RECEIVED.
    - The information on each form is collated into a data set and this data is retrospectively reviewed to assist the P&T Committee with PDL/PA decisions making.
    - Several issues regarding brand vs. generic drugs were discussed. The difference between AB rating and clinical equivalency was

discussed. A specific medication was discussed; methylphenidate ER and Ritalin LA. The PMAC would like it determined how clinical equivalency was determined in this case. P&T will investigate/research and report back to PMAC.

- Some specific scenarios whereby therapy may be delayed due to the PA process were described and discussed. This is related to the PA process not starting until the prescription is presented to the pharmacy for filling. A prescription may be written during regular business hours but not presented to the pharmacy for days or even weeks. Also it may be presented to the pharmacy on a Sat/Sun/Holiday or during non-business hours (as some pharmacies are open 24 hours). Mr. Gott explained that **if it is a new medication for the patient the pharmacy has the option of providing a 14-day supply of the medication**. This allows 2 weeks to process the PA. If the medication is a continuation of previous therapy there is an option for the pharmacy to provide a **5-day emergency** supply to the patient. The PMAC felt that there may be opportunities to streamline this process to ensure there are no gaps in therapy.
- The process for **Distributed Dose PA** was described and discussed. This involves a PA requirement for medications not dosed optimally. For example an extended release once/day medication being prescribed to be given twice per day (especially for a child). Mr. Gott indicated that the medications in this category are managed by DSS and therefore changes may be made when needed **without needing approval of the P&T Committee**. Mr. Gott noted that changes have been made previously based on PMAC member input. Mr. Gott will provide the Optimal Dose list of medications to PMAC (see enclosed). PMAC will perform a review of the list and possibly recommend changes.
- In closing Jason Gott encouraged PMAC members to call him with any questions or concerns regarding DSS. His number is 860-424-5813.

- CMCU statistics: Dr. Siegel presented a report on CMCU statistics.
  - This Information is posted on-line: To get to the DCF web page Google ctdcf. On the right front of the page select the 4th item (Centralized Medication Consent Unit). CMCU statistics will be posted here. There will be pie charts showing stats for each quarter. This will include the percent of 465 forms that were approved, denied, modified, or had other action(s) taken.
  - The data shows that over the past 3yrs 3% of the 465 requests were denied. This is the same rate as the Illinois rate.
  - A trend has been identified in the percent of 465 requests that have been modified. A steady increase is noted as follows: yr1 – 5%, yr2 – 9%, yr3 – 13%, and yr 4 – 20%.

This trend possibly reflects increased phone consultation with prescribing practitioners as well as more and better historical data regarding psychotropic medication history being available. This resulted in an increase in recommendations for changes that were made and accepted regarding discontinuing medications, changing doses, etc. In short the process has become more of a dialogue and more collaborative in nature.

- A request was made to post the definitions of various responses (approved, denied, modified) on the DCF web site.
- Providing a more complete medical history was discussed. It was noted that this is a goal of the CMCU.

7. Drug Information Inquiries (DEFER)
   - From DI phone line
   - From PMAC

8. Other.
   - Dr. Siegel reported that she provided training to the DCF area Directors on Wednesday 02 May 2012. The subject matter was “Psychotropic Medication and Foster Care". A film clip showing the Dianne Sawyer-20/20 show on this topic was shown to highlight the fact that this subject matter is getting national attention. This was very well received and the Area Directors are requesting the same presentation be made available to all area offices.
   - The challenges involved in discontinuing medications that a child has been taking for an extended period of time was discussed. It was agreed that the DCF workers and the child’s family need to be very involved. It was generally agreed that the DCF worker and foster parent(s) should accompany the child to all prescriber appointments and have with them the proper paperwork. They should be prepared to help provide feedback to and from the child. This process (i.e. shared decision making) is a future goal of CMCU/DCF.
   - The pros and cons of a centralized process (CMCU) were discussed. One of the cons is that the area offices feel left out of the process. The training is designed to reverse this trend.

9. Adjournment: Dr. Siegel adjourned the meeting at 2:30pm.

Respectfully Submitted:
David S. Aresco RPh, FASCP