



## HHSC Psychiatric Executive Formulary Committee Minutes

The HHSC Psychiatric Executive Formulary Committee (PEFC) convened on April 22, 2022 via MS Teams. The meeting was called to order by Dr. Moron, Chair at 9:30 a.m.

### Members

Member Names	Attendance	Member Names	Attendance
Yekini Adeyemi, RN	Present	David Moron, MD- Chair	Present
Angela Babin, RPh	Present	Leah Nunez, PharmD	Present
Jean Baemayr, PharmD- Secretary	Present	Brittany Parmentier, PharmD	Present
John Bennett, MD	Present	Kenda Pittman, PharmD	Present
Giovanna Betancourt, PharmD	Present	Rishi Sawhney, MD	Absent
Rakesh Chadalavada, MD	Present	Charlene Shero, MD	Present
German Corso, MD	Absent	Glenn Shipley, DO	Present
Brad Fitzwater, MD	Absent	Lesia Trickett, MD	Present
Catherine Hall, PharmD	Present	Ashton Wickramasinghe, MD	Present
Dana Hopkins, RN	Present	Patrick Young, MD	Absent
Jeffery Matthews, MD	Present		

Guests Present: Tonya Barrios, State Hospitals Central Administration; Holly Cumbie, PharmD, The Harris Center for Mental Health and IDD

### Opening

#### Introduction and Other Information

None.

#### Conflict of Interest Disclosures

The committee members present did not disclose any new conflicts of interest.

#### Review of Minutes

The minutes from the January 28 meeting were approved as previously distributed.

### Unfinished Business

None.

## **New Business**

### **Adverse Drug Reaction Reports**

None received.

### **New Drug Applications**

None reviewed this meeting.

### **Dulaglutide (Trulicity) – pended**

### **Quarterly Non-Formulary Drug Justification Report**

For the second quarter of fiscal year 2022 (December 2021 to February 2022), only the state hospitals reported use of non-formulary agents. The state supported living centers (SSLCs) currently do not have the capability to obtain non-formulary drug usage reports from their computer system but are working with the vendor to make this reporting possible. The non-formulary report has been modified to include the number of patients per medication. The following were the top five non-formulary agents, by number of orders, that were prescribed in the state hospitals during the second quarter of fiscal year 2022:

- Quercetin
- Zinc gluconate
- Acetaminophen/caffeine/pyrilamine (Midol Menstrual Complete)
- Silvasorb (Silver)
- Listerine Zero

### **Drug Formulary Sectional Review**

In reviewing the formulary drug listings for Respiratory, Antihistamine, Cough, Decongestant, and Antiemetics/Antivertigo agents, the cost index of several items was updated. No other changes were recommended.

The updated formulary will be posted on the PEFC website.

### **Other Formulary Changes**

None.

### **Psychotropic Medication Audit Criteria & Guidelines Review**

The committee reviewed and approved recommended revisions to the following audit criteria documents:

- Duloxetine
- Venlafaxine
- SSRIs
- Valproic acid

The updated documents will be posted to the PEFC website.

## **Psychotropic Monitoring Guidelines Review**

The committee reviewed and approved updates to the Psychotropic Monitoring Guidelines that were based on revisions to the audit criteria approved at this meeting.

## **Issues from the Chief Medical Officer, State Hospitals**

Dr. Matthews had no issues to report.

## **Issues from the Medical Services Coordinator, SSLCs**

Dr. Shipley had no issues to report.

## **Drug Shortages, Recalls, and FDA Safety Communications**

The FDA has issued the following safety communications that may impact our facilities:

### **Shortages**

#### **Sterile water for injection:**

Single dose vials from numerous manufacturers continue to be in short supply due to manufacturing delays and increased demand. Sterile water for injection is used to reconstitute Zyprexa IM and Geodon IM.

### **Safety-related Labeling Changes**

#### **Quetiapine (Seroquel):**

Adverse Reaction addition to Postmarketing Experience. Confused state and cutaneous vasculitis.

#### **Citalopram (Celexa):**

Extensive updates to labeling, including changes underlined. Geriatric use: Of 4422 patients in clinical studies of citalopram, 1357 were 60 and over, 1034 were 65 and over, and 457 were 75 and over. In two pharmacokinetic studies, citalopram AUC was increased by 23% and 30%, respectively, in subjects greater than or equal to 60 years of age as compared to younger subjects, and its half-life was increased by 30% and 50%, respectively. Therefore, the maximum recommended dosage in patients 60 years of age and older is lower than younger patients.

SSRIs, including citalopram, have been associated with cases of clinically significant hyponatremia in elderly patients, who may be at greater risk for this adverse reaction.

Hepatic impairment (newly created section): Increased citalopram exposure occurs in patients with hepatic impairment. The maximum recommended dosage of citalopram is lower in patients with hepatic impairment.

### **Topiramate (Topamax):**

Additions and/or revisions underlined. Ophthalmologic findings can include some or all of the following: myopia, mydriasis, anterior chamber shallowing, ocular hyperemia (redness), choroidal detachments, retinal pigment epithelial detachments, macular striae, and increased intraocular pressure.

### **Zolpidem (Ambien):**

Addition underlined. ... Since sedative-hypnotics have the capacity to depress respiratory drive, precautions should be taken if AMBIEN is prescribed to patients with compromised respiratory function or concomitant use with opioids or other CNS depressants.

### **Bimatoprost (Lumigan):**

Additions and revisions underlined. These reactions, which have been chosen for inclusion due to either their seriousness, frequency of reporting, possible causal connection to bimatoprost, or a combination of these factors include: asthma-like symptoms, dizziness, dry eye, dyspnea, eye discharge, eye edema, foreign body sensation, headache, hypersensitivity including signs and symptoms of eye allergy and allergic dermatitis, hypertension, lacrimation increased, periorbital and lid changes associated with periorbital fat atrophy leading to skin tightness, deepening of the eyelid sulcus, eyelid ptosis, enophthalmos, and eyelid retraction; and photophobia.

### **Open Forum**

No items.

### **Next Meeting Date**

The next meeting is scheduled for July 8, 2022.

### **Adjourn**

There being no further business, the meeting was adjourned at 10:51 p.m.

Approved: *David Moron*

David Moron, MD, Chairman

Minutes Prepared by:

Tonya Barrios, PhTR

Reviewed by:

Jean Baemayr, PharmD