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

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