

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
May 3, 2019, 1:00 PM

PRESENT: Paul Rao, MD; Lee Combrinck-Graham, MD; Angela Ojide, APRN; Amy Veivia, PharmD; Dielka Brutus, APRN; Roumen Nikolov, MD; Alton Allen, MD; Margaret Rudin, PhD, APRN; Nicole Taylor, M.D.

1. The meeting was held in conference room A. Dr. Rao called the meeting to order at 1:04pm. Dr. Nicole Taylor, DCF's new Director of Pediatrics and head of the DCF Health and Wellness division, was welcomed to the group.
2. The next meeting is scheduled for June 7, 2019 from 1pm – 2:30pm at Albert J. Solnit Children's Center 915 River Rd Middletown CT, A Building, Conference Rm A. It was noted that this will be the last meeting until September 2019.
3. The minutes of the April 2019 meeting were reviewed and approved.
4. Announcements: The February PMAC Meeting Drug Class Review CME has been approved for 1.5 hrs. CME for the June 2019 Drug Class Review will be sought, and Amy Veivia will coordinate with Solnit around the requirements.
5. Medication Therapeutic Class Review:
 - **Lithium and Anticonvulsants:**
 - i. Regarding baseline and follow-up requirements: after some discussion it was recommended and approved that a free T4 is not required. TSH is required at baseline for lithium, and this is present on the current 465 form. Some laboratories will process a reflex T4 if ordered. This change was also recommended and approved for valproic acid.
 - ii. Regarding valproic acid, there was discussion regarding the value of requiring a baseline amylase and lipase. A recommendation was made and approved to remove this requirement as these are typically done only when a patient is symptomatic.
 - iii. Lamotrigine: the need for thyroid studies was discussed. The possibility of Anticonvulsant Hypersensitivity Syndrome with lamotrigine as well as other anticonvulsants including carbamazepine and phenytoin was discussed in detail, as well as Stevens-Johnson syndrome. A review of the syndrome was discussed, with slides shown of the dermatologic findings. The rarity of this syndrome, with a reported incidence of 10 cases per million, was remarked on.
 - iv. Based on the discussions noted above a recommendation was made to add a general caution to the anticonvulsant class instead of noting this with each individual drug. A plan was approved to draft this change and present it at the next PMAC meeting for review/discussion/editing if needed and approval.
 - v. Gabapentin use was discussed. There continues to be no new evidence supporting its use in children and adolescents for psychiatric indications. A member of the committee commented on the experience of having a patient suffer from hearing loss associated with gabapentin.

- vi. Topiramate use was briefly discussed and no evidence was presented supporting its use for psychiatric indications in youth.
- vii. It was noted that requests for mood stabilizers not on the approved drug list (e.g. gabapentin, topiramate, oxcarbazepine) has declined significantly
- viii. No other recommendations made for this drug class.
- ix.

6. Old Business: Standardization of Supplements:

- A PMAC document on the subject of nutritional supplements for psychiatric disorders, drafted in 2007, was distributed and briefly reviewed. It was noted that little has changed since then in terms of the evidence base. FDA links cited in the document will be checked for accuracy. Members were asked to review this document further and send feedback/comments to Amy Veivia. Once feedback is received and the document is edited into a new “draft” it will be sent to Dr. Taylor for review/comment from the DCF Health and Wellness division.
- A complex vitamin product by Chardy Nutritionals called Daily Essential Nutrients was mentioned by a member. Information on this product will be sent to Amy Veivia for review.
- Vitamin D, Vitamin B12, and L-methylfolate deficiencies were discussed.
- It was discussed that nutritional or herbal supplement medications prescribed for mental health in DCF committed youth should be communicated to Dr. Taylor.
- It was noted that consideration of nutritional supplements should be made on a case by case basis and should go through the DCF Medical Review Board if for medical reasons.
- Concerns regarding supratherapeutic doses of nutritional supplements, including vitamins, were raised and discussed.

7. New Business: CMCU Data from 2018

- A significant amount of data was presented by Dr. Rao and discussed.
- For 2018 there were on average 4300 children in placement. There were just over 1914 CMCU requests, representing 732 unique children. This is the lowest number recorded since CMCU began collecting this data in 2010. It was noted that about 2/3 of requests are approved without modification.
- About 20% of requests were approved with some form of modification, including time-limited approvals (30 day approvals).
- There was an increase in the number of requests approved conditionally. This was usually while required studies are pending.
- The number of total unique youths on 2 concurrent standing antipsychotics in 2018 was 3.
- A significant downward trend of the number of youths on 5 or more psychotropic medications was noted from 2012 – 2018.
- The number of children 5 yrs old and under on antipsychotic medications in 2018 was 2. It was noted that both youth were 4 years old, and that approval was granted only after significant RRG involvement and collateral information and evaluations reviewed.
- The ability to cross reference CMCU data with Medicaid/Beacon data was discussed. This is limited by the inability to cull out DCF committed kids from general Medicaid data.
- It was also noted that there may DCF committed youth who are treated with medications that CMCU has no knowledge of. Ways to determine just how many

committed youth are prescribed medication was discussed, including surveying Medicaid providers and case workers at the DCF area offices. Dr. Rao will followup internally within DCF to find out the most efficient way to obtain the most accurate information.

8. Other as time allows: Introductions were done again as some new attendees had joined by phone after the meeting had started.
9. Dr. Rao adjourned the meeting at 2:23PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist