

DCF Psychotropic Medication Advisory Committee
Minutes May 6, 2016 Meeting

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; David S. Aresco, RPh FASCP; Angela Ojide, APRN; Pieter Joost Van Wattum, M.D.; Irvin Jennings, M.D.; Lee Combrink-Graham, M.D.

1. Dr. Harris called the meeting to order at 109PM.
2. Set date/time of next meeting: The next meeting is scheduled for June 3, 2016 from 1pm – 2:30pm at 500 Enterprise Drive, Rocky Hill, CT 06067. Please inquire as to room location on 3rd floor upon arrival.
3. Minutes: The minutes of the April 2016 meeting were reviewed. After several minor changes were made the minutes were approved.
4. Announcements: Dr. Harris announced that she will soon be retiring from State service.
A parent advocate has been recruited as a PMAC Committee member and should be able to attend the June 2016 meeting.
5. Medication Therapeutic Class Review:
Antipsychotics: iloperidone: PMAC recommends not adding this medication to the approved drug list for the following reasons.
 - Lack of safety/efficacy data in children and or adolescents.
 - Need for careful titration.
 - QTC interval.
 - Orthostasis

Anticonvulsants (mood stabilizers); Protocol reviewed in detail, Approved drug list reviewed, Pregnancy classification reviewed, Max doses reviewed, Utilization data review. FDA warnings reviewed.

-After review and discussion PMAC recommends no changes to this drug class.

Utilization data review: Dr. Harris presented detailed data on mood stabilizer utilization. Highlights noted below.

- The number of children on this class of medication is 140.
- The highest utilization is with children 15-17 years of age.
- Race/ethnicity trending showed the highest utilization in the male Hispanic population. Noted there may be a cultural influence in play.
- Meds most prescribed: divalproex, lithium, lamotrigine and carbamazepine.
- A study of 69 youth who received mood stabilizers in 2015 was conducted. Information was presented by gender on the medication used and diagnoses per youth.

Findings:

-Girls were found to be prescribed lamotrigine with the same high frequency as boys were prescribed divalproex. Two possible reasons were noted.

-lamotrigine is weight neutral and therefore more acceptable to girls.

-divalproex is avoided due to the possible side effect of polycystic ovarian syndrome.

Additional review of the data collected will be conducted and presented at the June meeting.

Approved drug list consideration: No new medications recommended for addition.

Review of meds denied for the Approved Drug List: Each medication below was reviewed and discussed in detail to determine if any new information is available and if the information would warrant adding the medication to the approved drug list. Highlights are noted below.

-topiramate: One study was reviewed that showed this medication as possibly somewhat beneficial. The evidence was not strong. The cognitive effects of this medication were noted and discussed. More study is needed. Recommendation: do not add to approved drug list.

-oxcarbazepine: No additional information regarding safety and efficacy in children and/or adolescents. One study discussed that evaluated weight gain with this medication. Result showed equivalent to valproic acid regarding weight gain. Recommendation: do not add to approved drug list.

-tiagabine: no new information available. Recommendation: do not add to approved drug list.

-gabapentin: Some new information regarding the use of this medication in sleep disturbances was discussed. Recommendation: do not add to approved drug list.

6. The committee also briefly discussed aripiprazole utilization. It was noted that this medication is often prescribed. It was also noted that pursuant to PMAC recommendations an antipsychotic (including aripiprazole) may not be used as first line therapy for ADHD. The side effect profile of aripiprazole was also briefly discussed.
7. Compliance with mandatory items in the protocol: the committee asks that the topic "What to do if the child does not cooperate with mandatory items" be placed on the June 2106 PMAC agenda.
8. The committee discussed the potential impact of reduced congregate care programs on the use of medications. The CMCU data from 2012-2015 shows that as the number of available residential beds decreases the total number of CMCU medications approved was reduced. Noted that this does follow the national trend when residential beds are closed.

9. Protocol format revision: in an effort to incorporate as much protocol data into one document as possible the Committee discussed the possibility of including pregnancy categories directly in the protocol vs. having a separate document for this information. A recommendation was made and approved to have a note in the document key stating "All medications are in pregnancy category C unless otherwise noted adjacent to the drug name". A mockup of this format will be developed and send to Dr. Harris for review and posting.
10. Long acting injectable review: After discussion the committee voted to defer this item to the June 2016 meeting. At that time full monographs will be presented and these medications reviewed for approved drug status. Additionally, a statement regarding the safety profile of olanzapine will be presented.
 - aripiprazole
 - olanzapine
 - paliperidone
11. OTHER: The status of genetic testing was discussed. At this time there is no movement on this issue and no updates on the status of genetic testing.
12. Adjournment: Dr. Harris adjourned the meeting at 2:30pm.

Respectfully Submitted,

David S. Aresco, RPh, FASCP