DCF Psychotropic Medication Advisory Committee
Meeting Minutes
June 2, 2017, 1:00 PM

Present: Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Allen, Alton M.D, Gonzalez, Carlos M.D.; Keyes, Brian, M.D.; Jennifer Zajac, M.D.; Chris Malinowski, APRN; Joan Narad, M.D.; Grace Pieta, RN; Margaret Rudin, APRN, PhD; Maryellen Pachler, APRN.

1. Dr. Rao called the meeting to order at 1:04PM.

2. Set date/time of next meeting: In consideration of the Labor Day Holiday weekend the next meeting is scheduled for the SECOND Friday of the month; September 8, 2017 from 1pm – 2:30pm at Albert J. Solnit Children's Center 915 River Rd Middletown CT, A Building, Conference Rm A.

3. The minutes of the April 2017 meeting were reviewed. After some minor changes the minutes were approved..

4. Announcements: Introductions; The following were introduced as new PMAC members: Mary Ellen Pachler APRN (CMCU) and Grace Pieta (Congregate Care – Central Office). WELCOME!

5. Medication Therapeutic Class Review:
   Lithium: Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, Utilization data review (if available), FDA warnings (if any):

   Currently both an absolute dose as well as dosing by serum level are listed on the maximum daily dosing guidelines. The merits of one versus the other were discussed.
   --PMAC recommends maintaining both guidelines.

   The use of lithium for listed diagnoses of DMDD was discussed. It was noted that lithium is often prescribed as an anti-aggression agent.

   Lithium blood level requirements were discussed in detail. Noted that Q3 months may be too often once steady state is reached. Also noted that a dose change is not the only event that may affect levels.
   PMAC recommends changing blood level requirements to q3 months for the first year of treatment, then Q6months and as clinically indicated.

   Approved drug list consideration: Recommend the medication(s) listed below remain on the approved drug list.
   -Lithium Carbonate
   -Lithium Citrate (Eskalith, Eskalith CR, Lithobid)

Review of meds denied for the Approved Drug List.
-NONE

Anticonvulsants: Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, Utilization data review (if available), FDA warnings (if any).

Blood level requirements for valproic acid and carbamazepine were discussed in detail. Noted that Q3 months may be too often once steady state is reached. Also noted that a dose change is not the only event that may affect serum levels.
--PMAC recommends changing blood level requirements to Q3months for the first year of treatment, then every 6 months and as clinically indicated.

Discontinuation of lamotrigine was discussed as it relates to seizure risk.
--PMAC recommends adding "and tapering" after the word titration in the special considerations section.

Approved drug list consideration:
-Valproic Acid *(D)* (Depakote, Depakene)
-Carbamazepine *(D)* (Tegretol)
-Lamotrigine (Lamictal, Lamictal XR)

Medications in this class previously denied for the Approved Drug List (noted below) were evaluated for possible addition to the Approved Drug List. After review and discussion the PMAC recommends no change in the Approved Drug List status of these medications for the reasons noted below.
-Oxcarbazepine: Lack of efficacy data in children and adolescents for psychiatric disorders. No new data available since last review.
-Gabapentin: Lack of efficacy data in children and adolescents for psychiatric disorders. No new data available since last review.
-Felbamate: No indication for use as a psychotropic medication in children.
-Topiramate: Lack of efficacy data in children for psychiatric indications. No new data available since last review.

6. Old Business:
    - Medication use in Children 5yrs old and younger: There was considerable discussion on this issue. Noted that CMCU requests are very rare. Also noted that for youth under the age of 5 years old, a CMCU psychiatrist reviews the request.
        i. PMAC recommends no changes.
    - Lurasidone efficacy data update: The study that led to FDA approval was distributed, reviewed and discussed. The 6 week study showed lurasidone at doses of 40mg and 80mg/day demonstrated statically significant and clinically meaningful symptom improvement in adolescent patients with

schizophrenia and was well tolerated. The PMAC recommends adding lurasidone to the approved drug list and the drug use protocol. FDA labeling will be utilized for max dosing guidelines.

- Prolactin levels with olanzapine: Data relating to this issue was presented and discussed. Noted moderate increases with olanzapine (1-4ng/L) vs. 40-80ng/L with risperidone. How levels may change over time was discussed, and it was noted that levels may plateau and subsequently go up or down. PMAC recommend removing routine prolactin level monitoring for olanzapine.
- Prolactin levels – aripiprazole: Research information relating to this issue was presented and discussed. PMAC recommends no changes as the data/information presented is not robust enough to justify any changes.

7. New Business:
   - Health Passport: PMAC does not have a clear sense of what this is. Up to present the medical record has been kept on hard copy ("paper") and passed along with the patient. Theoretically a Health Passport would combine "pieces" of a medical record (Outpatient provider, ER visits, etc.). Although this information should be included in LINK, it was noted that LINK is not consistently updated. It was suggested that an updated LINK record should be among the requirements to treat. DCF's role as a legal guardian was discussed.
     There was general agreement that a Health Passport is a good concept as it should be:
     -portable
     -concise
     -up to date
     -accessible
     The issue of patient confidentiality was discussed as well as optimal training for DCF social workers on entry of information into the system and record keeping social worker training as they are understaffed as is it now. It was noted that I.T. is currently working on a new DCF case record system. It was noted data is only as good/accurate as per entry into the system. PMAC makes no recommendations at this time but requests this subject remain on future PMAC agenda.

     Consideration for addition to the Approved Drug List:
   - Suboxone: medications treating medical vs behavioral conditions was discussed. Questioned if Suboxone is added to the approved drug list would this indicate that other medications to treat addictions may also be requested for addition?
     -benzodiazepines
     -naloxone
     -naltrexone
     -methadone
     -clonidine

-acamprosate
-nicotine replacement products
-etc.
Noted extremely rare numbers of requests for medications for substance-related disorders in committed children.
PMAC recommends the pharmacist consultants develop a brief workshop type presentation on this issue for the next PMAC meeting.

- Symbyax: Noted this is a fixed combination of 2 medications already on the approved drug list. A brief drug monograph was distributed, reviewed and discussed. PMAC recommends NOT adding this medication to the approved drug list.

8. OTHER: The issue of pass medications prescribed and dispensed for congregate care homes was discussed. Noted that only licensed independent practitioners and pharmacists may label and dispense medications. Nurses may not dispense per State law.

9. Dr. Rao adjourned the meeting at 2:30PM

Respectfully Submitted:
David S. Aresco, Pharmacist Consultant