DCF Psychotropic Medication Advisory Committee
Minutes April 1, 2016 Meeting

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Chris Malinowski, APRN; David S. Aresco, RPh FASCP; Melissa Joy, APRN; Joan Narad, M.D.; Angela Ojide, APRN; Pieter Joost Van Wattum, M.D.

1. Dr. Harris called the meeting to order at 1:07PM. Introductions were done.

2. The next meeting is scheduled for May 6, 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. The minutes of the March 2016 meeting were reviewed. Several minor changes were recommended and the minutes then approved.

4. Announcements: CMCU has administratively switched back to the Health and Wellness Division.
   A presentation was done by Dr. Harris for Beacon Health Options on the CMCU 2015 data. It was very well received. Plans are to do a similar presentation for the Beacon Health Options' clinical staff.

5. Old business:
   - Slit lamp test: An observational case series and a randomized trial from 2015 supporting the removal of the slit lamp test requirement from the guidelines was presented by Dr. Veivia and discussed. Recommendation made and approved to finalize the decision to remove this test from the guidelines.
   - Lurasidone reviewed for approved drug list approval: as a follow-up from April 2015 this medication was reviewed and discussed for possible addition. A recommendation was made and approved to not add Lurasidone to the approved drug list at this time as studies published to date do not indicate efficacy in treatment of children or adolescents.

6. Medication monitoring form (protocol/guideline) review:
   - A comparison of the old vs. the new formatting of this form was made and discussed. A recommendation was made and approved to enhance the "highlighting "of those items that are mandatory as the current method of bolding these items is ineffective. A combination of bolding, italics, bright color, and blinking will be put in place and reviewed for effectiveness.
   - A recommendation was made and approved for a heading to be inserted for the Antipsychotic class of medications.
   - The document will be formatted so that it reads easily on the computer and when printed.
   - Prolactin levels were discussed and an assessment made that elevated levels may only be clinical relevant if the high levels persist for greater that

1yr. A recommendation to include this information in the special considerations section of the medication monitoring form will be further considered at the next PMAC meeting.

- A recommendation was made and approved to add the pregnancy class information to the special considerations section of the protocol as this will eliminate the separate form now used for pregnancy class documentation.

7. Distribution of PMAC Documents:
   A recommendation was made for PMAC to go "paperless" regarding reviewing minutes, agenda, protocol, etc. In lieu of multiple copies of these documents being printed for each meeting a thumb drive will be brought to the meeting and these documents can be shown via computer on the projector screen in the meeting room. This recommendation was approved however all relevant documents will be sent to PMAC members via email when the meeting announcement/agenda is sent. Members may then print these documents at their discretion.

8. Medication Therapeutic Class Review: Lithium.
   - Protocol review: There is little new data to consider. The current monitoring parameters were reviewed and discussed in detail. No changes recommended.
   - Approved drug list review: No changes recommended for this class of medications.
   - Pregnancy classification review: No changes recommended for this class of medications.
   - Max dose review: A 2011 article was reviewed concerning possibly increasing the maximum dose for lithium. After review and discussion, it was recommended to make no changes to the maximum dose guideline.
   - Utilization data review: 2015 data for mood stabilizers (MS) was presented, reviewed in detail and discussed. Highlights noted below:
     - 70 children/adolescents on MS.
     - 1 was on 2 MS as the provider did not discontinue one as planned.
     - Noted a spike in use for females aged 17yrs.
     - Noted use of MS is going up from 2014-2015. Number of patients per year as follows: 2012-81, 2013-43, 2014-54, 2015-69. The possible reasons for this increase were discussed. Dr. Van Wattum has additional data on MS utilization (2007-2011) and will forward this information to Mr. Aresco for distribution to committee members.
     - Dr. Harris will attempt to get additional data for the next PMAC meeting when other MS medications will be reviewed. This data may include diagnosis.
     - Lamotrigine appears to have the highest utilization.
   - FDA warnings: None
   - Review of meds denied for the Approved Drug List: the list of denied medications was distributed, reviewed and discussed.

- A recommendation was made and approved to sort the list by medication vs. date of review.
- Next month MS and long acting antipsychotics will be reviewed regarding their status.

9. Establish data monitoring guidelines for young children on medication(s): follow-up. ADHD monitoring tools and provider survey. The results of the survey were distributed, reviewed and discussed. Highlights noted below:
    - There were 40 responses (4% response rate).
    - The Vanderbilt tool was utilized the most.
    - A recommendation was made and approved to send the survey results to all potential participants asking those that did not respond if they would like to participate.
    - PMAC possible actions discussed.
        - Question raised if these tools (scales) apply to children <=5yrs old.
        - Recommendation made to require a copy of the progress note when ADHD medications are prescribed.
        - Educational: Send information regarding the free Vanderbilt tool that is available on-line via the CMCU fax cover sheet.
        - PMAC members are asked to send recommendations of other suggestions for the CMCU fax cover sheet to Dr. Harris within one week.
        - Noted there are 37 children 4-5yrs of age on a psychotropic medication from 1/1/15 -2/29/16. This information was sent to area offices after a review with the clinical directors. A review of these cases will then be done at the area level. In the future, data will be sent to the area office administrators every six months.

10. Adjournment: Dr. Harris adjourned the meeting at 2:16PM.