DCF Psychotropic Medication Advisory Committee
MINUTES
December 5, 2014 1:00 PM
Albert J. Solnit Children's Center, Middletown, CT.

Present: Jacqueline Harris, M.D., David S. Aresco, Pharmacist, Patricia Cables APRN; Brian Keyes, M.D.; Aurele Kamm, APRN; Beth Muller, APRN; Joan Narad, M.D.; Amy J. Veivia, Pharm. D.; Debra Brown, M.D.; Chris Malinowski, APRN

1. The meeting was called to order by Dr. Harris at 1:07pm. Introductions were done.

2. The next meeting is scheduled for January 9, 2015 from 1pm – 2:30pm; Solnit Center AB conference room.

3. The minutes of the November 2014 meeting were reviewed and approved with minor changes.

4. Announcements: A bulletin from the Massachusetts Executive Office of Health and Human Services, Office of Medicaid was distributed and briefly discussed. The bulletin details several changes to requirements for the prescribing of behavioral health medications. It was noted that perhaps this information should be shared with DCF and how/if these prescribing requirements should be incorporated into CT protocols/guidelines. PMAC members are asked to review this information and forward comments to Dr. Harris.

   There was a discussion regarding Concerta brand vs. generic product. Noted that any differences in efficacy/safety may be related to the specific manufacturer of the generic product.

5. ADRs: Roll Out ADR Reporting System – Provider Communication, PR Issues: table pending communication with Dr. Combrick-Graham.

6. Medication reviews: Review recent FDA warnings for all medications on the PMAC approved drug list. A total of six FDA warnings were presented and discussed on the medications or classes of medications noted below. The recommendation to make no changes to the current protocol/guidelines or max dose guidelines was accepted.
   -atomoxetine – FDA Safety Alert: Adverse Reactions: Child and adolescent data; Statistically more frequent in CYP2D6 PM vs CYP2D6 EM patients; insomnia, decrease in weight, constipation, depression, and middle insomnia.
   -valproic acid preparations – FDA safety alert: Adverse reactions; Post marketing experience; Musculoskeletal: Fractures, decreased bone mineral density, osteopenia and osteoporosis.

-drugs to treat major depression - FDA safety alert: Warnings and precautions; Angle-Closure Glaucoma.

-all formulations of carbamazepine – FDA safety alert: Drug interactions; Agents that increase carbamazepine levels; CYP3A4 inhibitors inhibit metabolism and can increase plasma levels; adjust dose and/or monitor plasma levels when used concomitantly with loxapine, quetiapine, or valproic acid. Precautions; general – rare instances of vanishing bile duct syndrome have been reported.

-zolpidem – FDA labeling change; zolpidem can cause drowsiness and a decreased level of consciousness, which may lead to falls and consequently to severe injuries. Severe injuries such as hip fractures and intracranial hemorrhage have been reported.

7. Category of Medication reviewed:
Follow-up: Antihypertensives; Reference data for recommended change in clonidine max dose in children >6yrs old = 0.4mg/day: the reference for this recommendation was presented and discussed. The recommendation to not change the current max dose guideline for clonidine was approved.

New:
Antihistamines: hydroxyzine, diphenhydramine
Miscellaneous: benztropine, amantadine, trihexyphinidyl
Opioid Antagonists: naltrexone
A review of these classes of drugs was presented and discussed. The recommendation to make no changes to the guideline/protocol or max dose guideline was approved.

Noted that pharmaceutical grade melatonin is not yet available in the United States.

A recommendation was made and approved that the next drug classes to be reviewed will be:
-Jan 15: benzodiazepines and other sleep aides.
-Feb 15: TBA
-Mar 15: TBA
-Apr 15: antipsychotics
-May 15: ADHD meds

The use of Latuda was briefly discussed: no actions recommended.

A recommendation was made and approved to have P&T Consulting research and report any information available regarding the long term safety and efficacy profile of antipsychotic medication use in children and adolescents.

8. CMCU Data Review: Data was distributed reviewed and discussed in detail. The data presentation is modeled after national data so a data comparison can be made.
   Data broke down medication use as follows:
   -2 or more antipsychotics
   -4 or more total medications
   -ethnicity
   -placement setting
   The so called "label" attached to certain diagnosis will be evaluated.
   Recommend determining if the amount of prescribed medications has increased as treatment levels available decrease and then determining the impact on care by using outcome measures.

9. System interface issues; A document "PMAC Recommendations to DCF for Improving the System Interface between DCF and Community Providers" was distributed, reviewed and discussed.
   These recommendations were presented to DCF administration by Dr. Harris who reports the reception was very positive. Michael Williams has been invited to attend a DCF PMAC meeting to discuss these recommendations as well as discuss issues/questions/concerns DCF administration may have.
   PMAC recommends Mr. Williams attend soon as the crisis is upon us. Dr. Harris will make the invite for the Jan 15 or the Mar 15 meeting.

   New computer system and standardization of patient information as noted in the Nov 14 minutes: additional recommendations/suggestions from PMAC members should be send to Dr. Harris no later than Dec 12 to be considered for incorporation into the new computer system.

   OTHER: Genomic testing was discussed in some detail: noted that his procedure now requires MRB approval. The results reported by various vendors as well as blood vs. check swab testing was discussed. Competency regarding the reading of test results was discussed.
   Dr. Wolman will be invited to a future meeting to provide her input on this issue. It was recommended and approved to have a speaker attend PMAC who is an expert on genomic testing.

10. Adjournment: 2:20pm

Respectfully submitted,
David S. Aresco, B.S. Pharm, FASCP