

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
March 3, 2023, 1:00 PM

PRESENT via Video Conference: Paul Rao, MD; Margaret Rudin, APRN, PhD; Brian Keyes, MD; Carissa Patsky-Pomerleau, MD; Naomi Libby, MD; Dielka Brutus, APRN; Angela Ojide, APRN; Rosina Bandanza, MD; Nicole Taylor, MD; Amy Veivia, PharmD

1. The meeting was held remotely via Zoom; Dr. Rao called the meeting to order at 1:05pm.
2. The next meeting is scheduled for June 2nd, 2023, from 1pm – 2:30pm via Zoom
3. Minutes: The minutes of the December 2022 meeting were reviewed and approved.
4. Announcements: The federal government announced that the public health emergency declarations will end on May 11, 2023. Now that the PHE is ending, some changes related to prescribing controlled substances may be expiring as well. The Drug Enforcement Administration (DEA) made 2 changes related to prescribing controlled substances during the COVID-19 public health emergency:
 - ❑ A practitioner can prescribe a controlled substance to a patient using telemedicine, even if the patient isn't at a hospital or clinic registered with the DEA
 - ❑ Qualifying practitioners can prescribe buprenorphine to new and existing patients with opioid use disorder based on a telephone evaluation.

These changes may expire when the PHE declaration ends.

5. Medication therapeutic class review and discussion:
 - a.) The antipsychotic class was discussed last meeting and further discussion regarding appropriate monitoring continued this month.

There was discussion about best practices with respect to obtaining a prolactin level at baseline with certain antipsychotics. It was discussed that it would be best for DCF guidelines on prolactin monitoring to comport with the positions of professional organizations and current data. Upon review of Diagnosis and Treatment of Hyperprolactinemia: An Endocrine Society Clinical Practice Guideline, it was agreed that the existing DCF guidelines are in agreement with the Endocrine Society guidelines and no revisions were recommended.
 - b.) Monitoring for the emergence of metabolic syndrome in youth prescribed antipsychotics was discussed. Risk factors for comorbidities and poor health outcomes, including obesity, independent of antipsychotic use were discussed. The following guidelines/references were reviewed and discussed in detail:

American Academy of Pediatrics Comprehensive Guideline on Evaluating and Treating Children and Adolescents with Obesity (aap.org)

Appraisal of Clinical Care Practices for Childhood Obesity Treatment: Part II Comorbidities

Laboratory Evaluation of Obesity Related Comorbidities for Children Overweight and Obesity

The Effect of Overweight and Obesity on Liver Biochemical Markers in Children and Adolescents (Endocrine Society 2019)

Discussion centered around frequency of metabolic monitoring and it was acknowledged that the AAP Guidelines spoke specifically to monitoring in the face of co-existing obesity.

There was additional discussion about which baseline tests were mandatory and how to define the parameters for mandatory and suggested tests as well as conditional approval. Additional explanation was recommended to be added to the guidelines.

Due to the complicated nature of the proposed revisions, the guidelines will be revised and sent to the committee for review and further consideration prior to publication.

c.) A recommendation was made to review brexpiprazole (Rexulti) for inclusion on the approved medication list as it has recently been FDA approved for use in adolescents ages 13-17 with schizophrenia. While it is FDA approved, data is limited for use in this population and the committee consensus was to delay adding this medication to the approved drug list at this time.

6. New Business:
 - a.) PMAC position statement on Medication Assisted Treatment for substance use disorders: A first draft of a position statement was circulated prior to the last meeting and was distributed for further edits in Google Docs. Not all members were able to review the document for editing; this item was deferred until the next meeting.
 - b.) Stimulant and Non-Stimulant ADHD Medications will be reviewed in June. A. Veivia requested that any areas of interest be emailed in advance of the meeting.
7. Standing items: none
8. Other as time allows: none
9. Dr. Rao adjourned the meeting at 2:30 PM.

Respectfully submitted: Amy Veivia, PharmD