DCF Psychotropic Medication Advisory Committee
MINUTES
April 4, 2014 1:00 PM
Albert J. Solnit Children's Center, Middletown, CT.

Present: Jacqueline Harris, M.D., Chris Malinowski, APRN; Amy Veivia, Pharm. D.; Allen Alton, M.D.; Maureen Evelyn, Parent Advocate; Manna Wu, Pharm.D. Candidate; Irvin Jennings, M.D.; Aurele Kamm, APRN; Patty Cables, APRN; Azeem Waqar, M.D.; Lee Combrinck-Graham, M.D.; Brian Keyes, M.D.; Renu Kothari, M.D.; Paul Shanley, LCSW; Sherrie Sharp, M.D.

1. Dr. Harris called the meeting to order at 1:01pm.

2. The next meeting is scheduled for May 2, 2014 from 1pm – 2:30pm; Solnit Center AB conference room.

3. The minutes of the February 2014 meeting were reviewed and approved with one minor change.

4. Announcements: Dr. Harris will not be able to attend the next meeting.

5. Old Business:

Antidepressant Data collection status:

- The goal is to review 30 cases.
- Incoming requests were reviewed and a decision was made to evaluate all cases from January and February 2014. The following information was provided:
    i. There were 340 referrals during the this time period
    ii. There were 163 requests for antidepressants
    iii. There were 31 cases identified in which the medication regimen included the use of 2 antidepressants.
    iv. The focus of the review will be on those cases using 2 or more antidepressants.
- Data collected will include:
    i. Medication selection
    ii. Dosage
    iii. Age
    iv. Race
    v. Status of request (approved, denied, modified)
- The analysis will not include purpose for the medication, nor will follow up data be available.
- If data is skewed or there are any concerns regarding prescribing a second phase of study will be conducted.

- There was further discussion regarding the expectations for the DUE studies and it was noted that the DUEs need to be done in a way that is manageable with the current resources.
- A suggestion was made to review stimulants as the fall DUE; this would coincide with the work being done by Dr. Jennings on the task force.

Proposed max dose guidelines for long acting injectable antipsychotics: Revised document distributed, reviewed and discussed. The discussion points included:

- Guidelines were adapted from the LA County Guidelines
- Dr. Brown provided feedback from Solnit staff regarding experience with the use of LA injectables; Risperdal Consta has been used with "positive results", the doses used were unknown.
- Dr. Harris reported that previously approved dosages could not be pulled from the CMCU data.

The Committee voted and approved the addition of Risperdal Consta, haloperidol decanoate, and fluphenazine decanoate to the approved drug list for children/adolescents greater than or equal to 13 years of age. The medications were not approved for those less than or equal to 12 years of age. The necessary monitoring is the same as that for the oral preparations. The maximum daily dosages of each of these medications was discussed and the following guidelines were adopted:

- Risperdal Consta – 50mg, every 2 weeks (consider MDD of 25mg for those patients being treated with fluoxetine or paroxetine).
- Fluphenazine decanoate – 100mg every 2-4 weeks
- Haloperidol decanoate – 200mg every 4 weeks
- These guidelines will be added to the Maximum Daily Dosage document and will include the PO to decanoate conversion information for haloperidol and fluphenazine.

The addition of Abilify Manitena, Zyprexa Relprev, and Invega Sustenna was discussed and NOT approved due to lack of safety and efficacy data in children and adolescents.

6. New Business

- Appendix II medication class review: Stimulant and non-stimulant ADHD medications – Document distributed, reviewed and discussed. The key points are listed below.
    - AIMs testing was added to the baseline testing and follow up testing for the stimulant medications. These will not be considered mandatory tests.
    - Clonidine and guanfacine will be moved from the antiphypertensive category to the non-stimulant ADHD category.
    - The risk of atomoxetine liver injury was discussed. This will be investigated further and discussed at the next meeting.

- ADR reporting system review: deferred

7. Other as time allows.
    - ❑ Gabapentin will be discussed at a future meeting for possible inclusion on the approved drug list.

8. Adjournment: Dr. Harris adjourned the meeting at 2:40 PM.

Respectfully submitted:
Amy Veivia, PharmD