

**DCF Psychotropic Medication Advisory Committee**  
**Minutes: December 4, 2015 1:00 PM**

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Patricia Cables, APRN; David Aresco, Pharmacist; Chris Malinowski, APRN; Margaret Rudin, PhD, APRN; Pieter Joost van Wattum, M.D; Joan Narad, M.D.; Beth Muller, APRN.

1. Dr. Harris called the meeting to order at 1:07PM.
2. The next meeting is scheduled for January 8<sup>th</sup> 2016 from 1pm – 2:30pm at 500 Enterprise Drive, Rocky Hill, CT 06067. Please inquire as to room location on 3<sup>rd</sup> floor upon arrival.
3. The minutes of the November, 2105 meeting were reviewed and approved with 1 minor change. The change will be made and the approved minutes forwarded for posting on the DCF PMAC Webb site.
4. Announcements: CMCU data was presented at a conference in Dubai. The PMAC is to be congratulated as the information was well received.

A follow-up report on the drug class benzodiazepines was distributed, reviewed and discussed in detail. It was noted that there may be an increase in the prevalence of tics (sometimes transient) with benzodiazepine use. No other issues identified. No action recommended.

5. The use of antipsychotics as first line treatment for depression was extensively discussed. CMCU notes requests for this are not uncommon. These requests often involve quetiapine (Seroquel) or aripiprazole (Abilify) for single drug first line treatment of depression. PMAC noted that there is no clinical evidence to support this therapy. The prevalence of sedation as a side effect/adverse drug reaction was noted and discussed.  
Other discussion topics included:
  - suicidality possibly associated with antidepressants.
  - television advertising for use of antidepressants and/or antipsychotics for MDD.
  - potential for abuse with quetiapine (Seroquel).
  - requesting a depression rating scale by CMCU for the prescriber when medications are requested for treating MDD. This will be considered by the CMCU for appeals of a denial.

Considering these discussion points PMAC recommends antipsychotics not be used for first line treatment for major depressive disorder (MDD).

6. Use of PRN medications: PMAC recommends tracking this via share point software system. This may be trackable via the development of a drop down. System would have the ability to report the number of each category of PRN

medication the child is prescribed and further sort by age and placement. This data would report based on approvals not requests.

Other discussion points included:

-should PRN's be automatically approved upon a hospital admission. Noted there may be some push back if there were not automatic approval.

-should PRN approvals be based on a range of doses and/or a specific number of doses.

7. Establishing data monitoring guidelines for young children on medication(s) starting in 2016 was discussed. Data on medication use for children <10 years of age was presented and discussed in detail. This data included:

-# on one or more antipsychotics

-# on multiple antidepressants

-# on mood stabilizers

-# on other classes of medication

Discussion revolved around developing monitoring guidelines and what data should be provided for CMCU approval such as additional information on other non-pharmacological treatments. Several suggestions were discussed:

-document the visit # or note as initial visit.

-does the prescriber have the child's clinical record.

-other support services planned.

-possibly limit the approval to less than 1 year.

It was noted that additional monitoring may need to be different for different classes of drugs and/or according to the child's age.

A recommendation was made to implement additional monitoring requirements incrementally and make adjustments moving forward.

There was a brief discussion regarding autism and available resources.

It was noted that there are mixed results regarding the efficacy of duloxetine (Cymbalta).

#### PMAC RECOMMENDATIONS

-additional monitoring should apply to children  $\leq 5$  yrs old.

-approval should be limited to 3 months, except for stimulants.

-additional required information will be developed by CMCU (except for stimulants).

8. Medication Therapeutic Class Review: Stimulants. Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, FDA warnings (if any).

-Utilization (for all ADHD medications) showing data from 2012-2015 was presented, reviewed and discussed. The number of requests has increased but this was mostly for non-stimulant medication. Noted that some of these medications are also used for anxiety and would then artificially increase the number of requests in this class. The PMAC questioned if this represents an increase in the actual number of children being treated or perhaps an increase in combination drug therapy. It was noted that there is a high use of this class of medication by minorities. No significant trends were noted for the use of 2 or

more ADHD medications when sorted by age or gender. The use of bupropion (Wellbutrin) was briefly discussed.

-The maximum dosing guidelines for this class of medications was discussed. The maximum dosing of Adderall was briefly discussed. No changes to the maximum dosing guideline recommended.

-FDA alerts for this class of medication were discussed. Noted skin discoloration (non-reversible) has been associated with Daytrana patch use. A methylphenidate study showing it to be superior to dextroamphetamine was discussed. Also the drug-drug interaction between dextroamphetamine and the Proton Pump Inhibitors was discussed. It was noted that Vyvanse now has an indication for binge eating in adults.

RECOMMENDATION: protocol change; add skin discoloration for Daytrana.

-Approved drug list consideration: None

-Brand – generic research results were presented and discussed. No recommendations at this time.

9. Drugs for consideration to add to the approved drug list. There was a brief discussion to determine if these as well as other medications used for alcohol detox/rehab and nicotine addiction should fall under the auspices of DCF PMAC.

-Vivitrol

-Naltrexone

-Suboxone

-Methadone

-Oxazepam

RECOMMENDATION: the initiative to track these medications is now on standby. This may change in the future. The requested DSS data report for these medications will be cancelled.

10. Dr. Harris adjourned the meeting at 2:25PM.