

DCF Psychotropic Medication Advisory Committee
Minutes March 4, 2016 Meeting

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Chris Malinowski, APRN; Beth Muller, APRN; Maegen Hulten, PharmD Candidate; David S. Aresco, RPh FASCP; Lee Combrick-Graham, M.D.; Margaret Rudin, PhD APRN Psychologist; Jennifer Zajac, M.D.

1. Dr. Harris called the meeting to order at 1:04PM.
2. The next meeting is scheduled for April 1, 2016 from 1pm – 2:30pm at 500 Enterprise Drive Suite 3D, Rocky Hill, CT 06067. Please inquire as to room location on 3rd floor upon arrival.
3. The minutes of the January 2016 meeting were reviewed and approved with several minor changes.
4. Announcements:
 - PMAC members were informed of a pending legislative bill that would provide full funding for Access Mental Health. Members are encouraged to contact their legislators and back this bill.
 - There are two new members on the PMAC: Dr. Hajurnia and Melissa Joy APRN. WELCOME!!!
 - CMCU is now up to full staff with the hiring of Angela Ojide APRN. Angela has experience working at Connecticut Valley Hospital and with geriatrics. She is now orienting and will take up full duties soon. WELCOME!!
 - DSS has used PMAC monitoring guidelines that were previously published as a part of their requirements. Clarification was sought by the DSS medical director from Dr. Harris about the AIMS exam listed as a recommendation for stimulants. PMAC members discussed if the AIMS exam listed for stimulants should be removed from the current protocol and the decision. The decision was to maintain the exam at baseline as it serves a particular purpose for children committed to DCF and change the follow-up recommendation to “as indicated”.
 - DSS has made PMAC guidelines mandatory.
 - The 90-day approval criteria is now being applied to all classes of medication for children age five and under. ADHD meds no longer exempt.
5. Medication Therapeutic Class Review:

Antipsychotics; Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, Utilization data review. FDA warnings (if any): the following recommendations were made and approved by PMAC:

 - Change AIMS follow-up to every 6 months for all medications in this class.
 - Delete the requirement for HemA1c for all medications in this class.
 - Add Fasting Blood Glucose to all medications in this class with the same baseline and follow-up as was in place for HemA1c.
 - Typical and Atypical: remove thyroid function.
 - EKG: delete; “When steady state attained”. Replace with; “If clinically indicated”.
 - Move QTc, hyperthermia and sunblock to special considerations section.
 - Atypicals: Bold typing for CBC, LFT’s.

- Slit lamp test: remove with research result to support this decision to be presented at the next meeting.
- Change the AIMS testing requirements for stimulants to at “Baseline” then “as indicated”.
- Max dose: change risperidone to 6mg for adolescents.
- No FDA warnings.
- No changes to pregnancy class.
- Research and perform a risk assessment of medications that reduce prolactin levels (such as aripiprazole). Email results to PMAC members.

Utilization Data: Comprehensive data was presented and discussed. It is noted that there has been significant progress with reducing the number of DCF children on 2 or more antipsychotics. The number over the past 4 years has gone from 52 children to 2 children. Other highlights are noted below:

- Of the 2 children on 2 antipsychotics in 2015 both were reduced to only one during the course of the year.
- The number of children/adolescents on 1 antipsychotic is 426. Most are 14yrs old or older. Most are male until the age of 16 when M/F ratio evens out. Most of these children/adolescents are in foster homes.
- The number of children/adolescents on any type of medication has remained flat in the residential setting and is going down in the foster care setting.
- There is a total of 6 children 5yrs old or younger on anti-psychotic medication.

Approved drug list consideration: 3 antipsychotic medications that became available in 2015 were reviewed and discussed in detail. As there is no evidence of safety or efficacy for use in children/adolescents for any of these medications PMAC recommended to not add these to the approved medication list. These medications will be reviewed again in 1 year.

- Brexipiprazole (Rexulti)
- Cariprazine (Vraylar)
- Aripiprazole ER (Aristada) IM

6. Establish data monitoring guidelines for young children on medication(s): follow-up.
 - ADHD- review research result; monitoring tools and provider survey: Thanks to Brian Keyes for assisting with the development and distribution of a survey about the current use of ADHD assessment tools by pediatricians and psychiatrists. Several hundred surveys went out on 7 March with a reply date of no later than 26 March. Once results are in they will be tabulated and presented to PMAC.
7. Dr. Harris adjourned the meeting at 2:30PM.