DCF Psychotropic Medication Advisory Committee
Meeting Minutes
September 9, 2024, 1:00 PM

PRESENT via Video Conference: Paul Rao, MD; Amy Veivia PharmD; Tina Spokes RN; Carissa Patsky, MD; Maribel Martinez; Hyesil Adams APRN; Angela Ojide APRN; Rosina Bandanza, MD; Naomi Libby, MD; Nicole Taylor, MD; Roumen Nikolov MD; Dielka Brutus APRN

1. The meeting was held remotely via Zoom; Dr. Rao called the meeting to order at 1:05pm.

   Dr. Rao welcomed all members to the meeting and invited members to introduce themselves.

2. The minutes of the June 2024 meeting were reviewed and approved with no revisions.

3. Standing Agenda Items

   - Review of guidelines

     i. Antidepressants: A. Veivia reported that the literature was reviewed for recent evidence supporting the prescribing of antidepressants in youth. It was reported that there was little evidence describing new psychopharmacological approaches for depression in children and adolescents. Dr. Rao added that one challenge is that many of the RCTs often exclude more complex youth in community practices, including those in DCF care. The monitoring guidelines were approved with minor revisions.

     Antidepressant use for PTSD was also researched. There were no new RCTs for antidepressants in PTSD for children. A more recent review for PTSD was from the World Federation of Societies of Biological Psychiatry in 2023, and there is little to no evidence from meta-analytic data to support routine antidepressant use for PTSD.

     ii. A. Veivia announced that the antipsychotics will be reviewed at the December meeting. There was a request to review cariprazine as a part of that class review. If there are any specific questions regarding this medication class, please forward to A. Veivia prior to the next meeting.

     iii. Desvenlafaxine was reviewed for addition to the approved drug list. A RCT evaluated the efficacy compared to placebo and fluoxetine and found desvenlafaxine did not demonstrate efficacy for treating MDD in children and adolescents in this trial. Because neither desvenlafaxine nor fluoxetine demonstrated a statistically significant difference from placebo on the primary endpoint, this was considered a failed trial, and no efficacy conclusions could be drawn.

Two similarly designed extension studies evaluated the long-term safety and tolerability of desvenlafaxine for the treatment of children and adolescents with major depressive disorder (MDD). Efficacy was evaluated as a secondary objective. It was concluded that desvenlafaxine was generally safe and well tolerated up to 6 months of treatment. Patients maintained the reduction in severity of depressive symptoms observed in all treatment groups at the end of the lead-in study.

Dr. Rao presented data on the number of requests from community providers over the past 5 years to initiate desvenlafaxine, which indicate that it is rarely considered as a new medicine for already-committed youth, however is more frequently seen as a medicine prescribed for youth not in care that is then requested for continuation when they come into care.

Dr. Rao asked for committee members to vote on the motion to add desvenlafaxine to the approved drug list for DCF-committed youth, and the motion was approved 4-3.

4. New Business: A question was raised regarding the role of PMAC in evaluating non-pharmacologic therapies and how these psychotherapeutic interventions are assessed for children in foster care. It was noted that there is an array of evidence-based services available and their appropriateness for any particular youth is reviewed as part of collaboration with the area office regional clinical consultants.

5. Other Business: There was no other business.

6. Dr. Rao adjourned the meeting at 1:55 PM. The next meeting is scheduled for Monday December 9th at 1 pm via Zoom.

Respectfully submitted: Amy Veivia, PharmD