

**DCF Psychotropic Medication Advisory Committee  
MINUTES**

**May 23, 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; Aurele Kamm, APRN; David S. Aresco, Pharmacist, Allana Lee; Beth Muller, APRN.

1. Call to order.
2. Set date/time of next meeting: The next meeting is scheduled for June 27, 2014 from 1pm – 2:30pm; Solnit Center AB conference room.
3. Minutes: minutes of the April 2014 meeting were reviewed and approved.
4. Announcements:
  - Dr. Siegel retired effective 01 May 2014.
  - New 465 Form: will go live in July 2014. The form will include all mandatory monitoring (subject to final review by administration). Once approved mandatory monitoring requirements will be published. The old form will not be accepted as mandatory data is a required part of the CMCU database. Any missing data will need to be provided within 14-30 days (exact time frame to be determined). Providers will be notified of missing data and the time frame for providing this data.
  - The final draft of the new DCF website is now up. The site has been revised to be more user friendly including a separate tab for PMAC. The resource list has been streamlined including the removal of items such as the Texas Algorithm and some older articles. A “rolling” 12 months of minutes will be kept on the website. Users will need to make a new bookmark as the old one will no longer work.
5. Old Business:
  - Antidepressant Data collection: Initial report: This report will be completed over to PMAC meetings. First meeting (today): discuss and review the DUE findings. Identify problems and recommend actions. Send any questions/concerns/recommendations regarding this first report that will then be discussed and the next scheduled PMAC meeting.
    - The report was distributed and reviewed/discussed in detail.
    - Data was extracted from Jan – Apr 2014. Of the 835 requests over this time period 44% were for patients on antidepressants and 57% for patients on antipsychotics.
    - There were 41 requests for 35 patients for antidepressants.
    - No patient was on more than 2 antidepressants concurrently. Data for patients on 2 antidepressants was evaluated further.

- i. Reviewed data sorted by age. No discussion or recommendations.
- ii. Reviewed data sorted by gender: noted 26 females and only 9 males. Suggested the lower number of males may be due to the notification to the patient of the side effect priapism being possible. The reason for this disparity was discussed: Possibly related to puberty but the data does not seem to support this. A question was raised if there are also more females on a single antidepressant. It was also noted that it may be relevant to determine how this compares to the general population.
- iii. Suggested that the high numbers seen in Jan-Feb may be due to a hard winter.
- iv. There was no recommendations for the data shown on pgs 4-7 of the report.
- v. Data showing the combination of drugs used for antidepressant therapy resulted in questioning if there were times when the antidepressant was actually prescribed for insomnia (trazodone). Suggested that this data may be culled out using the dose of the antidepressant prescribed. Noted dose data is not available.
- vi. It was noted that ADR reports are up for all antidepressant medications.
- vii. Prozac was discussed in detail including efficacy, safety, etc. PMAC recommends that P&T Consulting research this and report back at the next meeting,
- viii. Data does not include PRN orders. Noted PRN's are not allowed in many facilities and patients are taught to refuse the "sleep med" if it is not needed.
- ix. Noted that most patients are prescribed an initial dose and this dose is rarely adjusted. Noted doses rarely reach the max dose nor are alternative meds considered.
- x. A recommendation was made to combine the gender/age data.
  - The next DUE will be on stimulants.
- Approved Drug List Review: Gabapentin: a drug formulary monograph was distributed and the safety and efficacy of gabapentin discussed in detail. PMAC recommends this medication not be added to the Approved Drug List.
- Atomoxetine – Liver damage: detailed information was distributed and discussed. Officially this medication is "Rarely associated with liver damage" according to the package insert official labeling. The primary literature reveals 3 case reports of reversible hepatic injury in children with ADHD. Each case report was reviewed in detail. The warning "May be associated with hepatic injury" will be added to the protocol

6. New Business

- Appendix II medication class review: Lithium and Anticonvulsants: No new monitoring guidelines are recommended for lithium. A suggestion was made to change monitoring of Free T4 w TSH to TSH with a Reflex T4. PMAC recommends this change not be made. Regarding VPA and carbamazepine: hypothyroidism was discussed. For VPA a recommendation to change Platelets, CBC, LFT to “@ 3 months then Q6 months if WNL.
- Review: PMAC Guidelines for psychotropic medication use including the section on ADRs: these guidelines were distributed and reviewed. Recommended changes were approved. Members are encouraged to bring and additional comments/changes to the next PMAC meeting.

7. Other as time allows.

8. Adjournment: the meeting was adjourned at 230pm.