

DCF Psychotropic Medication Advisory Committee
September 13, 2013 1:00PM
Albert J. Solnit Children's Center, Middletown, CT.
Minutes

Present: Jacqueline Harris, M.D.; David Aresco, RPh; Chris Malinowski, APRN Chair; Allen Alton, M.D.; Irvin Jennings, M.D.; Maureen Evelyn Parent Advocate; Jason Gott, RPh, Beth Muller, APRN; Amy Veivia, Pharm. D.; Joan Narad, M.D.; Sherrie Sharp M.D.; Fredericka Wolman M.D.; Angela Ojidea, APRN.

1. Call to order: Chris Malinowski called the meeting to order at 1:08pm.
2. Set date/time of next meeting: October 4, 2013 at 1pm. Recommend change location description on the agenda from AB conference room to conference room A.
3. Minutes: Review and approve minutes of the June 2013 meeting. Correction: One minor change: Under item 5 last sentence of last bullet: Change form to from. Minutes approved with this change.
4. Announcements.
 - Introduction of each PMAC committee member was done.
 - New CMCU member (part time) announced: Darlene Kirychuk; she will be working in the AM and help with consents.
 - Dr. Siegel will be out on medical leave until 14 January 2014.
5. Old Business:
 - Approved Drug List
 - Drug Use Guidelines Introduction: Review proposed changes: The introduction portion of the Drug Use Guidelines was distributed to the members. Members are to review the document and then complete the feedback page. The feedback page should then be sent to Kamilia Hastings. Mr. Aresco will email all committee members regarding this process. Possible incorporation of DSM V information was briefly discussed.
 - Department of Consumer Protection Controlled drug tracking (CPMRS): Mr. Aresco noted that Prescribing Practitioners are not required to participate in this program but all pharmacies are required to participate. Further information will be provided at the next PMAC meeting.
6. NEW Business:
 - Prazosin – Alpha-2 agonist combination: potential for ADR: there is not data in the literature regarding this potential ADR. Opinions were expressed noting that this may not be a good combination of medications. It was noted that there is an increased use of this

combination (such as clonidine/Intuniv) for PTSD, nightmares and ADHD. Also noted that the dose is usually adjusted to accommodate the potential adverse effects of these combinations. CMCU reports an increased use of prazosin: orthostatic hypotension is a concern and there was one instance of syncope reported. A recommendation was made and approved to collect data and determine how many children/adolescents are being prescribed a Prazosin – Alpha-2 agonist combination. P&T Consulting will work with the CMCU to design and complete a study on this issue and report back to the PMAC. There was a brief discussion regarding the side effects of trazodone.

- Benzodiazepines: general class review re use in children/adolescents – an increased use of alprazolam is noted. Amy Veivia reports that there is no data available on the use of this medication in children/adolescents for psychiatric diagnosis. Noted that the increased use may be coming from emergency departments as they clear patients or from patients discharged from hospital in-patient settings. A recommendation was made and approved to add approved diagnosis (and maximum length of therapy when indicated) to the Drug Use Protocol for the benzodiazepine class of drugs. Supporting documentation, references, and decision process should be included. This will be completed by P&T Consulting and presented at the October 2013 PMAC meeting.

7. OTHER:

- Impact of the Affordable Care Act (ACA): There is a requirement that all providers be enrolled in CMAP. Pharmacy claims in this new process will begin 01 October 2013. All other claims will start 01 November 2013. This is a Federal mandate with the intent to obtain provider level data. Entry level vs. full enrollment was discussed. Full enrollment required for other than bundled charges. Noted that one registry per provider must be at the highest level required. Some problems encountered in the enrollment process were discussed. Noted that a health advocate is available for assistance in enrollment. Noted that this process is in flux and ongoing changes are likely. Issues with OPR and also the levels of providers were discussed. Noted that once the enrollment process is complete a tracking number will be provided. Concerns were expressed that private practitioners may opt out of the process.

The impact on DCF clients was discussed: noted that a 14 day supply of medication will be provided even if the provider is not currently enrolled. The social worker will be informed and a system put in place to work out and resolve any issues. The details of this plan will be published in about 2 weeks working with the area offices. The priority is no disruption of care. It was noted that DCF children/adolescents might be eligible for an additional supply of drug.

- NCINQ Measurement Advisory Panel progress: a follow-up call is scheduled for this week. This item will be added to the agenda for the Oct 2013 PMAC meeting.
- TRANSITIONING OF CARE: issues surrounding this subject were brought to the attention of the PMAC members by the Parent Advocate. These issues were discussed in detail. It was noted that these issues might be on the agenda of the legislature in the near future. Dr. Wolman invited the Parent Advocate to participate in that process by attending and testifying at various committees and meetings.

8. Adjournment: The meeting was adjourned at 2:29pm.

Respectfully Submitted:
David S. Aresco, RPh, FASCP