

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
November 3, 2017, 1:00 PM

Present: Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Angela Ojide, APRN; Carlos Gonzalez, M.D.; Beth Muller, APRN; Joan Narad, M.D.; Melissa Straus, APRN; Maryellen Flynn, PMHNP; Linda Carabetta, RN.

1. Dr. Rao called the meeting to order at 1:04PM.
2. The next meeting is scheduled for December 1, 2017 from 1pm – 2:30pm at Albert J. Solnit Children’s Center 915 River Rd Middletown CT, A Building, Conference Rm A.
3. The minutes of the October 2017 meeting were reviewed and approved.
4. Announcements: Introductions were done. Maryellen Flynn APRN was introduced.
 - Dr. Nikolov was invited to speak at a panel meeting at the UConn School of Law. The topic was medication use for children in state custody. Dr. Nikolov discussed the oversight of psychotropic medication use for DCF committed youth in Connecticut. He described the CMCU and PMAC. Most of the audience had no knowledge of PMAC or CMCU. Noted that Connecticut is viewed as a “an example of how to do it right”. Connecticut may be the only state that has stakeholders come together as a work group to discuss these issues. Dr. Nikolov’s presentation was very well received.
 - It was noted that DCF gets requests to share its psychotropic monitoring guidelines with other states.
 - Increasing attendance at PMAC via recruitment of a parent advocate and involvement of the regional office nurses was discussed.
 - It was noted that poly-pharmacy and medication use in DCF committed children <5yrs old for Connecticut has decreased over time and is much lower than Medicare/Medicaid rates.
 - Methods of increasing input from PMAC members unable to attend the meetings in person were discussed. Two action items were recommended and approved.
 - i. Distribute the meeting agenda earlier than in the past. Request feedback on agenda topics from the members, especially those who may not be able to attend the PMAC meeting. This information can then be used in the decision-making process.
 - ii. Distribute the meeting minutes in a timelier manner. Along with the minutes include a summary of the recommendations made at the meeting and invite additional feedback/input from PMAC members especially those who could not attend the meeting. This information can then be used in the decision-making process.
5. Medication Therapeutic Class Review:
Other Antianxiety or Sleep Aids; Benzodiazepines: Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, Utilization data review (if available), FDA warnings (if any).

Protocol review:

Recommendations:

--diphenhydramine: add to the “Special Considerations” the potential of paradoxical excitation.

Area for further research:

--investigation requested of QTc effects of hydroxyzine in isolation and in combination with other medications that may prolong QTc intervals. Results to be reported at December PMAC meeting, which may inform the Monitoring Guidelines.

Approved drug list consideration:

No changes recommended.

Review of meds denied for the Approved Drug List.

Melatonin, Ramelteon, Zolpidem: No changes recommended. Updated data for ramelteon will be researched and reported at the December PMAC meeting.

Pregnancy classification:

No changes recommended.

Max dose review:

--approved following recommendations:

Diphenhydramine:

<6yrs old: not approved for use

6yrs old to 11yrs old: 150mg;

>=12yrs old: 300mg.

the usual dose for insomnia: 25 – 50mg

Hydroxyzine:

<5yrs old: not approved for use

5yrs old – 11yrs old: 50mg

>=12yrs old: 100mg.

No other maximum daily dose changes recommended

FDA Warnings:

None

6. Old Business:

- Medication-assisted substance abuse treatment in children/adolescents.
 - i. Research results: there is little information on this subject. Dr. Veivia did attend an educational event in New Orleans where CMHA (New Britain) presented information regarding their suboxone clinic.
 - ii. There was a robust discussion regarding this topic. Salient points include:
 - Seems a treatment gap may exist for children/adolescents.
 - It may also be that adolescents are in substance abuse focused programs, but treatment does not include medications.
 - Noted parental involvement may complicate treatment.
 - For various treatment centers such as Wheeler Clinic, the information received on children/adolescents does not include medications.
 - Noted Rushford may have a medication based program.
 - Discussion also centered on whether PMAC has a role in developing guidelines/protocols for naltrexone, suboxone, methadone, clonidine for substance withdrawal, etc. Noted CMCU has received no requests for these medications to date.
 - it was noted that multiple medical specialties, not just psychiatry, play roles in medication-assisted substance abuse treatment, leading to the issue of whether this area is too broad to be considered solely a psychiatric issue
 - The treatment of withdrawal vs maintenance was discussed.
 - Possible methods to measure the scope of this problem within the DCF child/adolescent population discussed. Dr. Narad will request data from Beacon regarding authorizations for medication-assisted treatment in the Medicaid population to gain an initial sense of prevalence of treatment.

- Recommended inviting a speaker from Rushford Treatment Center to help educate PMAC members.
- Recommended to keep this item on the agenda for future meetings

7. New Business:

- Educational services (from Nov 2016 meeting). DEFERRED

8. Other:

- A request was made to have the email and attendance list of PMAC members updated. Mr. Aresco was assigned this task.
- Noted that over the course of CMCU's existence there have been a greater number of modified and denied requests as the monitoring parameters have evolved and oversight has increased.

9. Dr. Rao adjourned the meeting at 2:30PM.

Respectfully Submitted: David S. Aresco, Pharmacist

MEETING SUMMARY OF APPROVED RECOMMENDATIONS

Recommendations made and approved at the November 2017 DCF PMAC meeting

Your comments, suggestions, etc. are WELCOME.

Distribute the meeting agenda earlier than in the past. Request feedback on agenda topics from the members especially those who may not be able to attend the PMAC meeting. This information can then be used in the decision-making process.

Distribute the meeting minutes in a timelier manner. Along with the minutes include a summary of the recommendations made at the meeting and invite additional feedback/input from PMAC members especially those who could not attend the meeting. This information can then be used in the decision-making process.

Protocol

Recommendation to add to Special Considerations diphenhydramine: potential of paradoxical excitation. Approved.

Max dose review:

Diphenhydramine: Recommend <6yrs old: not approved for use; 6yrs old to 11yrs old: 150mg; >=12yrs old: 300mg. Approved.

Recommend: the usual dose for insomnia: 25 – 50mg. Approved.

Hydroxyzine: Recommend: <5yrs old: not approved for use; 5yrs old – 11yrs old: 50mg; >=12yrs old: 100mg. Approved.

No other recommendations made.