

**DCF Psychotropic Medication Advisory Committee**  
**MINUTES**  
**September 11, 2015 1:00 PM**

Value Options® Connecticut 500 Enterprise Drive, Rocky Hill, CT 06067.

Present: Jacqueline Harris; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Beth Muller, APRN.; Aurele Kamm, APRN, Maureen Evelyn, Parent Advodate; Patricia Cables, APRN; Heidi Davis, Pharmacy student; Allana Lee, D.O.; Michele Feinberg, M.D.

- 1) The meeting was called to order by Dr. Harris at 1:05PM.
- 2) The next meeting is scheduled for October 2, 2015 from 1pm – 2:30pm at Value Options same room location.
- 3) The minutes of the June 2015 meeting were reviewed and approved with 1 revision to section 5e. PMAC voted not to add paroxetine to approved drug list due to lack of efficacy.
- 4) Announcements: Committee members were reminded to extend an invitation to anyone who may be interested in attending future PMAC meetings. Contact information can be sent to Dave Aresco.
- 5) Medication Therapeutic Class Review: Antianxiety Medications and Sleep Aids (excluding benzodiazepines)
  - I. The protocol, approved drug list, and maximum dose guidelines with recommended changes were presented, reviewed and discussed.
    - a. Appropriate information will be moved to the “special considerations” column. Wording was added under special considerations for buspirone stating that it may be administered with food or on an empty stomach, however; administration should remain consistent. PMAC approved this addition. No changes in Max Dose recommended.
    - b. It was suggested to change the heading of the Follow up Studies column to be Follow up Studies and Monitoring. PMAC approved this recommendation.
  2. Verapamil, atenolol, metoprolol, and nadolol were removed from the approved drug list in 2011 due to lack of evidence of efficacy in treating psychiatric symptoms in children. Each of these medications was reviewed to determine if efficacy had been established since that time. No evidence for efficacy was found for any of these agents and it was recommended that they remain off of the approved drug list. PMAC approved this recommendation.

6) DSS benzodiazepine Report

DSS data on benzodiazepine prescribing in children and adolescents for Feb 2014-Feb 2015 was reviewed and discussed at the meeting. The report was provided to inform PMAC members of prescribing of benzodiazepines for this Medicaid population in CT and to also determine if this type of report would be useful for other classes of medication. It was noted that this report does not reflect just DCF involved youth.

Much discussion followed regarding the perceived increase in benzodiazepine prescribing in the more recent months and the possible reasons for that. The committee agree that the information was useful for the committee to review and requested that the last 12 months of benzodiazepine data be reviewed for comparative purposes. The committee also inquired as to the availability of prescriber type (e.g. ED, primary care, adult psychiatrist) data.

Action/Follow up: Amy Veivia will contact Jason Gott to request the benzodiazepine data from March 2015-August 2015 and ask about the availability of prescriber type data.

7) Follow-up items for further discussion

Genomic Testing: The subcommittee did not convene over the summer. Dave Aresco will follow up with Dr. Wolman.

ADR Project: There has been no further progress with the revision of the current P&P nor implementation of the revised form. The current process and form will continued to be used.

Newsletter: Examples of previous newsletters will be distributed at the next meeting to determine if there is interest in continuing them. It is unclear if the newsletters generate enough interest to warrant publication.

Marketing Methods for Drug Information Services: A survey was recently conducted indicating that very few DCF nurses and workers were aware of the drug information service. Presentations by CMCU are ongoing to inform area offices of the drug information service and the information available on the DCF website.

8) Suggested agenda items for upcoming year

PRN use/Chemical restraints: There is concern that PRN use is increasing in the hospital setting and that there is little justification for prescribing the standard "cocktail" haloperidol, lorazepam and benztropine for all youth upon admission. Guidelines of the treatment of aggression and use of chemical restraints will be a topic for discussion at a future meeting.

Psychotropic use in children 5 and under: The committee will consider whether an additional level of review/oversight will be necessary in the future before obtaining consent to start psychotropic medications in children 5 years of age or younger. Research results on medication requests and current practice in this population will be presented at a future meeting.

Medical Marijuana and impact of youth with substance abuse disorders was proposed to be discussed at a future meeting.

Supplement use continues to be an area of concern. There have been recent requests for a supplement called Kratom. It was suggested to review this and other supplements at a future meeting.

- 9) Training for the DCF Clinical leadership in the use of Narcan took place in June. DCF will be working on guidelines for the use of Narcan in treatment facilities. DMHAS currently has procedures set up regarding this issue which will be reviewed by DCF.

10)Adjournment: 2:35pm

Respectfully Submitted,  
Amy Veivia, PharmD  
Consulting Pharmacist