

**DCF Psychotropic Medication Advisory Committee  
Minutes; December 02, 2016 1:00 PM**

Present: Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Carlos Gonzalez, M.D.; Brian Keyes, M.D.; Beth Muller, APRN; Joan Narad, M.D.; Paul Rao, M.D.; Amy Veivia, Pharmacist.

1. Call to order by Dr. Rao at 1:09PM.
2. Set date/time of next meeting: The next meeting is scheduled for January 06, 2017 from 1pm – 2:30pm at Albert J. Solnit Children’s Center 915 River Rd Middletown CT, A Building, Conference Rm A.
3. Minutes: The November 2016 PMAC meeting minutes were approved with some minor corrections.
4. Announcements: NONE
5. Medication Therapeutic Class Review:  
Anticholinergics and opioid antagonists: Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, FDA warnings (if any): Recommended and approved to add the following language to naltrexone special considerations: “Patient should be opioid free for at least 7 days before initiating therapy. Determine via urinalysis. If there is any suspicion of false negative, can repeat test”. No other changes recommended.  
Approved drug list consideration:  
-None  
Review of meds denied for the Approved Drug List.  
-None
6. Old Business:  
-None
7. New Business: discussion/review of the discrepancies between the CMCU approved drug list and the Solnit formulary:
  - Drugs on the Solnit formulary: review for possible addition to the PMAC Approved Drug List. Relevant information was presented for each drug. The information was discussed in detail. Result for each drug noted below:
    - i. Prochlorperazine (Compazine): Not approved for the CMCU drug list. Recommend continuation as a Solnit formulary item for medical purposes, particularly nausea.
    - ii. Pemoline (Cylert): Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
    - iii. Doxepin (Sinequan): Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.

- iv. Gabapentin (Neurontin): There is safety data for use in children and adolescents for seizures, but there is no efficacy data for psychiatric indications. Abuse potential was discussed. Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
  - v. Loxapine (Loxitane): Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
  - vi. Pimozide (Orap): Recommended and approved to add to the DCF PMAC approved drug list for children/adolescents  $\geq 12$  yrs of age for severe Tourette's. Max dose 10mg/day administered once or twice per day. Special considerations include caution when used with other medications that may cause QTc prolongation. EKG to assess QTc is required at baseline, at least annually, and at the time of any dose increase.
  - vii. Oxcarbazepine (Trileptal): There is safety data for use in children and adolescents for epilepsy, but there is no efficacy data for psychiatric indications. Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
  - viii. Tranylcypromine (Parnate): Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
  - ix. Phenezine (Nardil): Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
  - x. Topiramate (Topamax): Noted may help with weight loss although data does not seem to support this. Issues of memory loss discussed. Not approved for the CMCU drug list. Recommend removing from the Solnit formulary.
- PRN Order policy: There was a general discussion regarding this topic. Highlights of the discussion noted below:
- i. This has been a recurring item of discussion at PMAC. Currently there is no policy or formal language on the CMCU website regarding requests or approvals for PRN medication. The pharmacist consultant will review prior PMAC discussions and report back at the next meeting on whether there were suggestions around policy.
  - ii. Most PRN requests are coming from hospitals.
  - iii. PRN use is seen for one time use prior to a procedure, blood draw, or dental visit.
  - iv. A community provider suggested that more latitude on PRN use should be considered for higher levels of care or more acute patients.
  - v. The need to change the 465 request process for PRN medications was considered. Current recommendation is no change to the existing 465 process as usually PRN order issues are resolved via phone call.
  - vi. DCF committed status discussed.

- vii. Recommend that there should not be any admission “standing” PRN orders sets.
- viii. Noted that currently there is no method to track PRN prescribing following an inpatient hospital stay.
- ix. Noted that group homes and other levels of care are unable to administer PRN medications as there is no health care professional available who is qualified to assess the patient pre-and post-dose.
- x. A request was made and approved to have Dr. Nikolov provide PRN use data from Solnit to the PMAC. The data will be initially forwarded to the pharmacist consultant for distribution to the PMAC members.
- xi. A request was made and approved to have Dr. Gonzalez forward PRN policies etc. that were developed for the IPP's (professional parenting program). The data will be initially forwarded to the pharmacist consultant for distribution to the PMAC members.
- xii. Once a PRN policy and/or statement is developed it should reside in the CMCU manual.

8. Adjournment: Dr. Rao adjourned the meeting at 2:23PM.

Respectfully Submitted:  
David S. Aresco  
Consulting Pharmacist