DCF Psychotropic Medication Advisory Committee
MINUTES
February 6, 2015 1:00 PM
Albert J. Solnit Children's Center, Middletown, CT.

Present: Jacqueline Harris, M.D., David S. Aresco, Pharmacist, Patricia Cables APRN; Joan Narad, M.D.; Amy J. Veivia, Pharm. D.; Debra Brown, M.D.; Chris Malinowski, APRN; Alton Allen, M.D.; Lee Combrinck-Graham, M.D.; Jason Gott, Pharmacist; Alana Lee; Margaret Rudin, PhD; Herman Kranz, Pharmacist.

1. The meeting was called to order by Dr. Harris at 1:06PM.

2. The next meeting is scheduled for March 6, 2015 from 1pm – 2:30pm; Solnit Center AB conference room. NOTE: there may be a change in venue to a location in Rocky Hill directly off RT 91. If this change is made an announcement will go out to all PMAC members with exact details of the new location.

3. The minutes of the December 2014 meeting were reviewed and approved.

4. Announcements:
   Dr, Wolman will not be attending the meeting today due to a last minute conflict.

   Michael Williams and Kristina Stevens have been extended an open invitation to attend a PMAC meeting to discuss mutual issues of concern. They are hoping to participate within the next few months.

   Herman Kranz the Pharmacy Director for DSS was introduced and described his position and responsibilities.

5. Genomic testing procedures:
   i) Dr. Harris described the current DCF process for requesting genomic testing of committed youth. Dr. Wolman is the head of the DCF Medical Review Board (MRB) and currently makes the decisions regarding all requests for genomic testing. Historically there was concern about the potential use of genetic samples and test results so the process has been managed by the MRB.
   ii) In the ensuing discussion the following issues were noted:
      (1) The use of genomic testing is becoming a common practice for youth who are not having a predicted response to medications. However there is a need to educate prescribers on how the test results can be used to improved medication decisions for an individual youth. Currently, given the variations in how reports are quantified, there is some misunderstanding of how to use the test results.

(2) Drug information resources are now beginning to include recommendations on dosing adjustments in response to genomic testing results.
(3) There needs to be a process developed to share the results of prior testing with new providers.
(4) Privacy issues of samples being held and used for other purposes may no longer by true but the integrity of the process needs to be a part of the final protocol.
(5) The question arose if this would then be justification to use a medication not on the approved drug list.

Dr. Harris encouraged input from PMAC members on specific recommendations to improve the process be sent to her. She will bring the suggestions to PMAC for further discussion when Dr. Wolman is able to attend the meeting.

6. Category of Medication reviewed:

Benzodiazepines and sleep aides:
Reported by the Pharmacist consultants that there is no data supporting any changes to the current protocol or maximum dose guideline. A brief case report regarding benzodiazepine use was presented by a member and discussed by the committee. CMCU data showing a decreased use of benzodiazepines for anxiety was presented and discussed.
There was a recommendation to require a time limit when benzodiazepines are approved for children of a certain age. There was extensive discussion regarding this recommendation. Alternatives to benzodiazepines such as propranolol and hydroxyzine were discussed. The requirement of identifying target symptoms and also a required plan for “weaning” of off benzodiazepines was discussed. Noted that a slow tapering is required for benzodiazepines. A recommendation was made and discussed that would add tapering recommendations to the protocol.
Decision: A new protocol will be developed for the benzodiazepines that will include a plan for discontinuation of the drug and a length of approved therapy.

Antipsychotic medications:
Follow up: Pharmacist consultants were asked to search the literature for data available regarding the long term safety and efficacy profile of antipsychotic medication use in children and adolescents: no new data available at this time.

Stimulants and non-stimulant ADHD medications:
Reported by the Pharmacist consultants that there is no data supporting any changes to the current protocol or maximum dose guideline.

7. CMCU Data Reviews:
   Reports on DUEs Requested by PMAC:

   ADHD Medications
   Data for ADHD medication use and requests from 2014 was distributed, reviewed and discussed. It was noted that the escalation of ADHD medication use in older youth was contrary to expectations. It was one hypothesis that once the medications are prescribed they are not routinely discontinued even when the evidence of an ADHD diagnosis has not been obtained.

   Concurrent Use of ≥ 2 Antipsychotic Medications
   Data on the concurrent use of 2 or more antipsychotic medications was distributed, reviewed and discussed. Noted that the volume of this type of prescribing has decreased as a result of the CMCU system. Of 899 children 8 are on 2 antipsychotics concurrently and zero are on more than 2. At <1% occurrence, the use in DCF committed children is less than the national average. This data will continue to be monitored by DCF.

   A recommendation was made and approved to have PMAC review the concurrent use of ADHD and antipsychotic medications.

8. New Business:
   i) LA County Dept. of Mental Health uses a concise format to provide medication dosing, criteria for use, side effect, cautions and medical work-up. A sample was distributed for review and discussion. A recommendation was made, discussed and approved to re-format our documents into one similar to the sample provided. The Pharmacist Consultants will use the new format with benzodiazepines and present it at the next meeting. Additional input will be obtained at the next meeting on how our new form will be set up. Once the format is finalized revisions in all medication categories will continue as each drug class is reviewed.
   ii) There was a discussion regarding the efficacy of aripiprazole and also the side effect of weight gain. No action was recommended at this time.
   iii) Noted that it is common to get a referral with no records accompanying the patient. Noted that sharing of relevant information is the provider's responsibility.
   iv) Federal grant money may become available later this year for a joint project by the Administration for Children and Families (ACF) and the Centers for Medicare & Medicaid Services (CMS) to address the over use of psychotropic medications by promoting evidenced-based interventions targeting children in the foster care system. DCF anticipates submitting a proposal if the funding is approved.

9. Adjournment: the meeting was adjourned at 2:20pm.

Respectfully submitted: David S. Aresco, Pharmacist Consultant