

**DCF Psychotropic Medication Advisory Committee**  
**Meeting Minutes**  
**January 4, 2019, 1:00 PM**

**PRESENT: Allen Alton, M.D.; David Aresco, Pharmacist; Beth Muller, APRN; Roumen Nikolov, M.D.; Angela Ojide, APRN; Amy Veivia, PharmD.; Dielka Brutus, APRN, Paul Rao, MD.**

1. Dr. Rao called the meeting to order at 105pm.
2. The next meeting is scheduled for February 1, 2019 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 December 2018 meeting were reviewed and approved with no changes.
4. Announcements:
  - Dielka Brutus APRN was introduced to the group. She has recently joined the DCF CMCU, transferring from the Meriden area office where she was a nurse consultant.
  - The recent JAMA Psychiatry (Dec 2018) regarding risk of unexpected death associated with antipsychotic treatment in Medicaid-insured youth in Tennessee was briefly discussed, and it was agreed that the paper will be distributed to the membership for discussion at next PMAC. Amy Veivia will apply for CME for this review as a “Journal Club” event. In addition CME will be applied for the upcoming Stimulant Drug Class review. It was noted that application information needs to be received by the CME Committee at least 2 weeks in advance.
5. Medication Therapeutic Class Review
  - **Anxiolytics and Hypnotics:** A thorough literature review was completed regarding this drug class and no changes are recommended based on that review. A focused review regarding the safety and efficacy of buspirone found no new relevant information to justify changing the current guidelines.
    - i. An article from “Addiction Behavior” published about 2 years ago was discussed. This article concluded that the Medical use of Anxiolytics/Hypnotics did not increase the incidence of substance abuse however non-medical use did.
    - ii. The current dosing guideline for alprazolam was reviewed and discussed at length. It was noted that alprazolam is currently permissible for a one time dose of 0.25mg for a situational event, therefore the maximum daily dose is currently 0.25 mg/day. The use of this medication for generalized anxiety, separation anxiety and panic disorders at higher doses was discussed.

- iii. The abuse/diversion potential of alprazolam was discussed.
- iv. The possible paradoxical effects for lorazepam were briefly discussed.
- v. The need for a rationale to single out alprazolam for such restricted use was discussed. It was noted that CMCU has had no requests for alprazolam and requests for benzodiazepines as a class are rare.
- vi. The prescribing of alprazolam by Hospital ED's was discussed.
- vii. STATUS of ALPRAZOLAM: After considering all of this information and discussion points the PMAC recommends REMOVING alprazolam from the approved drug list.
- viii. Temazepam was briefly discussed and a recommendation was made and approved to research this medication for possible addition to the approved drug list. Research will be done and reported at the next PMAC meeting.

#### 6. Old Business:

- A recommendation for using hemoglobin A1c versus fasting blood glucose as a required baseline study prior to initiating antipsychotic medication therapy was discussed in detail:
  - i. ADA 2019 standards relating to this were distributed and discussed.
  - ii. The reliability of CMCU patient population discussed. It was noted that fasting blood glucose orders are often of questionable validity when youth do not fast prior to the lab being obtained.
  - iii. Cost of A1c is about \$20 compared to \$6 for FBG.
  - iv. Noted that LA County guidelines do not include A1C.
  - v. A recommendation was made by PMAC to allow the use of FBG and/or A1c at baseline prior to considering an atypical antipsychotic.
  - vi. There was extensive discussion about the existing levels of metabolic disturbance independent of atypical antipsychotics in the DCF population, and how best to ensure timely followup with PCP and additional consultation and screening around type 2 DM/metabolic syndrome when indicated. There will be continued discussion within DCF about how best to expedite referrals to the PCP/endocrinology when indicated.
  
- The AACAP Adoption and Foster Care Committee: literature review regarding medication reduction or discontinuation (de-prescribing): There has been no response from the work group chairs, so this item will be removed from the standing agenda.
  
- Effort to increase attendance/participation in PMAC.

- i. Video Conference availability at Solnit – update: Central Office IT is working out details that would enable the meeting to be “hosted” by Dr. Rao; currently it is hosted by IT, which means outside callers cannot yet participate.
- ii. Provide CEU's – update: The process to provide CEU's has been worked out. The current plan is to have CME approved for the March 2019 meeting.

7. New Business

- None.

8. Dr. Rao adjourned the meeting at 2:17PM..

Respectfully submitted: David S. Aresco, Pharmacist.