

**DCF Psychotropic Medication Advisory Committee**  
**Meeting Minutes**  
**April 03, 2020, 1:00 PM**

**PRESENT via Video Conference: Amy Veivia, PharmD; David Aresco RPh; Paul Rao, MD; Dielka Brutus, APRN; Margaret Rudin, APRN, PhD; Carlos Gonzalez, MD.; Brian Keyes, M.D.; Irv Jennings, M.D.; Pamela Hetherington, M.D.; Tina Spokes, R.N.; Lee Combrinck-Graham, Lee, M.D.; Angela Ojide, APRN.**

1. The meeting was held remotely A. Dr. Rao called the meeting to order at 1:01pm.
2. The next meeting is scheduled for May 01, 2020 from 1pm – 2:30pm as a remote meeting. After discussion it was decided that PMAC will continue to plan on meeting monthly and cancel if needed.
3. The minutes of the March 2020 meeting were reviewed and tentatively approved pending additional feedback from PMAC members. Feedback will be solicited via email.
4. Announcements:
  - The necessity to meet remotely and the resulting challenges were discussed. Several remote “platforms” were discussed. The need to be careful with products such as Zoom, as well as heavy traffic on these platforms, was noted.
  - CMCU mandatory monitoring requirements are temporarily waived with the goal of reducing non-emergent contact with healthcare workers given the current pandemic. There is a statement to this effect on the DCF CMCU website.
5. Medication Therapeutic Class Review: The next drug class scheduled for review is antidepressants. As there appear to be no new urgent issues since the last time this was discussed in October 2019, this item will be cancelled. Members will be asked to forward any agenda items they have to Dr. Veivia for the May meeting; these may include questions about any psychiatric medication regardless of drug class.
  - Antihypertensives:
    - i. **Propranolol:** A relevant review with respect to use in people with developmental disabilities was distributed and discussed. It was noted that the article described 16 cases, with dosing ranging from 7.5mg to 360mg. Noted that the PMAC recommended max dose is within this range. It was noted that all 16 cases showed improvement.
    - ii. The article was displayed and a table in the article reviewed and discussed. The mechanism of action, including effects on autonomic dysregulation, was briefly discussed.
    - iii. PMAC members noted there was no placebo comparison so efficacy may be in question.
    - iv. It was noted that requests to CMCU for youth with ASD often involve very severely impaired youth in congregate care settings
    - v. It was suggested that the majority of propranolol prescribing may be to treat side effects such as akathisia/tremors.
    - vi. Issues related to rebound hypertension/withdrawal were discussed.
    - vii. After careful consideration PMAC is recommending NO CHANGES.

- viii. **PRAZOSIN:** a study of a retrospective chart review of 40 children for treatment of nightmares/sleep disorders was reviewed
  - ix. The issue of whether to expand the dosing range was discussed. The review discussed by the group included a consensus recommendation on a dosing maximum of 4 mg/day; higher dosages incurred greater risk of side effects.
  - x. NO CHANGES were recommended to the dosage range; maximum remains 4 mg/day.
6. Old Business:
- Form 465 Medication Request Form: The CMCU team is recommending this agenda item be tabled and the current form continue to be used.
7. New Business:
- AAP Clinical report. "Children Exposed to Maltreatment: Assessment and the role of Psychotropic Medication": CME is being offered as a journal club presentation.
    - i. The article was presented via Power Point, reviewed and discussed in detail.
      - 1. Noted that the pediatrician's role may be limited due to time constraints.
      - 2. It was noted that many of the treatment recommendations, particularly around psychopharmacological approaches, are quoted from the Florida Medicaid practice guidelines
      - 3. The effect of placement disruptions was discussed.
      - 4. Other subjects presented/discussed included:
        - a. Assessment approaches, including use of screening scales
        - b. Complex trauma and symptom overlap with other disorders
        - c. Suggested evidence-based approaches to treatment of depression, anxiety, ADHD that overlap with PTSD.
        - d. Pharmacotherapy approaches
        - e. Discontinuing medications.
      - 5. There was follow-up discussion: these recommendations are fine in "ideal" situations but may be difficult to implement in routine clinical practice
      - 6. One member noted that medication therapy necessity and duration should be evaluated regularly.
      - 7. It is difficult to treat complex patients.
      - 8. Intensive foster parent education is needed in order to move away from a "must medicate" mentality.
  - Obesity data for youth with requests through CMCU: DEFER due to time limitations.
8. Other as time allows: NONE
9. Dr. Rao adjourned the meeting at 2:28PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist