

**DCF Psychotropic Medication Advisory Committee**  
**Meeting Minutes**  
**December 6, 2019, 1:00 PM**

**PRESENT: Amy Veivia, PharmD; Alton Allen, MD; Margaret Rudin, PhD, APRN; David Aresco RPh; Irvin Jennings, MD; Paul Rao, MD; Dielka Brutus, APRN; Beth Muller, APRN; Roumen Nikolov, M.D.; Angela Ojide, APRN**

1. The meeting was held in conference room A. Dr. Rao called the meeting to order at 1:05pm.
2. The next meeting is scheduled for January 3, 2020 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 November 2019 meeting were reviewed and approved.
4. Announcements:
  - The January 2020 meeting will include CME for the review of stimulants portion of Appendix II (Medication Monitoring Guidelines).
  - Dr. Veivia will be participating in Grand Rounds on 18 December and discuss new medications in the pipeline.
  - The DCF Training Academy supports recurring training for DCF staff. CMCU has been invited to prepare a training around the rationale and basics of the CMCU process as well as the basics of good psychiatric care for youth in foster care. Interested PMAC members are encouraged to provide suggestions on other subject matter that should be included in this training module.
5. Medication Therapeutic Class Review:
  - The therapeutic classes in the Drug Monitoring Guideline reviewed were:
    1. Antianxiety medications/Sleep Aids.
      - a. There was considerable discussion regarding hydroxyzine HCL and hydroxyzine Pamoate. An increase in utilization (especially in the hospital setting) was noted and discussed. Utilization seems to be scheduled dosing vs. PRN. It was noted that hydroxyzine has FDA approvals but for adults only. A recommendation was made and approved to research if there is any new information regarding hydroxyzine use in children/adolescents and report results at the next PMAC meeting.
      - b. Buspirone (Buspar) was discussed. Discussion included utilization, dosing and effectiveness of this medication. A recommendation was made and approved to research if there is any new information regarding buspirone use in children/adolescents as well as any new information regarding dosing and/or effectiveness. Results will be reported at the next PMAC meeting.
    2. Benzodiazepines.

- a. The drugs in this class were discussed and no changes to the Drug Guidelines recommended.
- 3. Anticholinergic Agents.
  - a. These medications were discussed. Very low utilization noted. No changes to the Drug Guidelines recommended.
- 4. Opioid Antagonists for SIB.
  - a. The approved medication in this class (Naltrexone) was discussed. No changes to the Drug Guidelines recommended.
- 5. Melatonin.
  - a. It was noted that there is already a CMCU statement (approved by PMAC) around supplements, which includes melatonin. A recommendation was made to remove this drug from the Guidelines, so as to help eliminate confusion around whether CMCU needs to weigh in on melatonin requests. After discussion the recommendation was approved.
- 6. Old Business:
  - Prescribing information for asenapine transdermal.
    - i. Prescribing information was distributed and discussed.
    - ii. Noted use is approved for adults only.
    - iii. Advantages of this route of administration (if any) were discussed.
    - iv. Noted very low utilization.
    - v. No actions recommended at this time.
- 7. New Business:
  - Metabolic liabilities with atypical antipsychotics.
    - i. Articles discussing hyperprolactinemia were distributed, reviewed and discussed at length.
      - 1. Noted that the guidelines recommend a baseline prolactin for certain medications carrying a risk for hyperprolactinemia but this is not mandatory.
      - 2. Making a baseline prolactin required vs recommended was suggested and discussed.
      - 3. Bone density loss was discussed.
      - 4. Gynecomastia was discussed.
        - a. It was noted that prolactin levels may take some time to return to normal although gynecomastia typically resolves more quickly.
        - b. There was a brief discussion regarding the possible under reporting of this condition.
        - c. No changes to the prolactin monitoring guidelines were recommended following extensive discussion.
    - 5. An article on metabolic issues was distributed and discussed in detail.
      - a. It was noted that all data presented related to adults.

- b. It was noted that ziprasidone, lurasidone and haloperidol are the agents with the fewest reported metabolic issues and all are on the PMAC Approved Drug List.
          - c. The 465-request form was briefly reviewed and discussed regarding required monitoring for antipsychotics.
    - 6. No changes to the drug use guidelines were recommended.
  - Evidence base for psychotropic polypharmacy in children and adolescents.
    - i. Discussion included:
      - 1. Placing a time frame on CMCU approvals such as required follow-up after 6 months.
      - 2. Barriers such as a lack of the continuity of care and frequent changing of providers.
      - 3. Significant increase in acuity.
8. Other as time allows:
- A recommendation was made to review medications such as amantadine for addition to the Approved Drug List. Approved; to be presented at the January 2020 PMAC meeting.
  - DDS claims data as an information source for drug use reporting was briefly discussed.
  - The potential impact of the implementation of the Families First Prevention and Services Act on prescribing patterns was discussed.
9. Dr. Rao adjourned the meeting at 2:35PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist