

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
March 1, 2019, 1:00 PM

PRESENT: David Aresco, Pharmacist; Lee Combrinck-Graham. M.D.; Angela Ojide, APRN; Amy Veivia, PharmD.; Dielka Brutus, APRN, Paul Rao, MD.: Roumen Nikolov, M.D.; Tina Spokes, RN.

1. The meeting was held in conference room D. Dr. Rao called the meeting to order at 110pm.
2. The next meeting is scheduled for April 5, 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 February 2019 meeting were reviewed and approved with no changes.
4. Announcements:
 - Quorum discussed. After discussion a recommendation was made to define a quorum as: the majority of people attending the meeting (live or remotely) are not employed by DCF and can represent of community providers.
 - Amy Veivia provided an update on the status of the applications for CME activity for monthly drug class reviews.
5. Medication Therapeutic Class Review: A recommendation was made and approved to forward the documents that will be discussed at PMAC by email in PDF format prior to the meeting date.
 - ❑ **Stimulants:** Research was completed regarding dosing and monitoring. No changes recommended.
 - ❑ There was discussion regarding whether to adopt adult dosing guidelines for adolescents close to 18 yrs of age. It was noted that it is very rare for youth 18 and above to have medication decisions authorized by DCF (must be court order). For these youth the CMCU “appeal process” may be used should a dose exceeding the recommended maximum be requested.
 - ❑ There was a brief discussion regarding utilizing a weight based guideline for maximum dose. No action recommended.
 - ❑ There was discussion around the existing language in the guidelines for maximum dosing when stimulant therapy combines long acting and regular release formulations. After considerable discussion it was recommended that these situations be evaluated by CMCU on a case by case basis.
 - ❑ Research was done regarding generic substitution of stimulants. There is nothing in the literature on this subject. An article that reviews all the various delivery systems was distributed to those present and will be emailed to all PMAC members.
6. Old Business:

- Follow-up requested by membership on long term safety of melatonin. (HPA suppression and other side effects). The rationale for this review is to (if indicated) raise awareness with regional staff regarding melatonin use:
 - i. Research discovered one older study in adult men. Showed no effect of HPA suppression.
 - ii. An abstract of a review compiling 50 studies was presented. Results: 26 showed no adverse effect. 24 documented fatigue and cardiovascular related side effect. These side effects were dose related.
 - iii. Conclusion: long term effects of melatonin unknown.
 - iv. Noted that melatonin is produced by the pineal gland.
- Follow-up on standardization of supplements.
 - i. NIH.gov does have some information on FDA regulation of supplements. A decision was made to defer presenting details and further discussion to the next meeting.
- N-Acetyl Cysteine (NAC) use in children.
 - i. The lack of positive findings to support routine use of NAC for conditions such as autism, OCD, and Tourette's was discussed.
 - ii. Noted that NAC has a very low side effect profile and is available as an OTC nutritional supplement.

7. New Business: NONE:

8. Other as time allows:

- CBD oil was briefly discussed, particularly the lack of any scientific evidence for psychiatric use in children.
- Relating to the quorum issue. After considerable discussion a recommendation was made and approved: If a quorum is not present any questions/decision points/recommendations are sent via email to all PMAC members not participating in the meeting. The email will have a "respond by" date. If no response is received then agreement on the questions/decision points/recommendations will be assumed.
- There was a brief discussion regarding meeting quarterly vs monthly. Feedback about this issue will be requested again via email to membership. It was felt that should attendance continue to be limited to mostly DCF attendees, and if CME and teleconferencing technology do not improve attendance, then the frequency of meetings will need to be re-evaluated.

9. Dr. Rao adjourned the meeting at 2:10PM.

Respectfully submitted: David S. Aresco, Pharmacist.