## DCF Psychotropic Medication Advisory Committee Meeting Minutes October 6, 2017, 1:00 PM

Present: Amy Veivia, Pharm. D.; Paul Rao, M.D.; Brian Keyes M.D; Carlos Gonzalez M.D.; Maryellen Pachler, APRN.

- 1. Dr. Rao called the meeting to order at 1:05PM.
- 2. Set date/time of next meeting: The next meeting is scheduled for November 3, 2017 from 1pm 2:30pm at Albert J. Solnit Children's Center 915 River Rd Middletown CT, A Building, Conference Rm A.
- 3. The September 2017 minutes were reviewed and approved with minor changes.
- 4. Announcements: Dr. Rao announced that Chris Malinowski APRN has retired and that MaryEllen Pachler APRN will be leaving DCF; Ms. Pachler anticipates continuing to participate in PMAC.
  - Dr. Rao also announced that a new Medical Director for Beacon Health Options has been hired and has been invited to attend a future PMAC meeting.
- 5. Medication Therapeutic Class Review:

A review and discussion of newer stimulant formulations was completed. This review included all formulations that came to market over the past year and a table showed the unique qualities of each formulation. There was discussion in the committee regarding the pros and cons of the new formulations as well as the pharmacokinetic characteristics of each. Given that these newer medications are reformulations of medications currently on the Approved Drug List, a recommendation was made to approve the addition of these medications to the approved drug list and it was noted that options for different formulations is helpful when treated children.

The baseline and follow up studies were reviewed for the stimulant class of medications. A recommendation was made and accepted to remove AIMS testing from the baseline studies; assessments for tics will remain on the baseline studies and is a more appropriate clinical assessment. All other monitoring remained the same.

A final recommendation was made to add the trade names to the column for Maximum Daily Dose to avoid confusion.

## Old Business

- A request was made last month to research trazadone use in the treatment of depression for children and adolescents. A literature review of this issue did not turn up any data or support for this practice.
- A recommendation was made last month to research any standards regarding the management of substance abuse in the child/adolescent population and to develop a 5-question survey related to substance abuse treatment in children and adolescents. A. Veivia distributed 2 articles describing policy statements and clinical perspectives on the opioid epidemic in children and adolescents. Discussion followed regarding the appropriate role of PMAC in considering this public health issue. One challenge is the general lack of awareness of treatment programs or centers that are available for adolescents; therefore, making the audience for PMAC recommendations unclear. In lieu of the survey there was discussion of completing a comprehensive review of treatment programs in the state and bringing this information to the next PMAC. A. Veivia will attempt to contact area providers, treatment centers and thought leaders to address this issue.

## 7. New Business:

Dr. Rao discussed the need for transparency of the PMAC process when the committee makes recommendations. The discussion included a review of past practices regarding committee membership and voting privileges. Now the committee functions as an advisory committee to the Centralized Medication Consent Unit. This issue will be discussed in more detail at a future date.

There was a request to distribute the meeting minutes in a timelier manner so that membership may have time to review and consider the past work and recommendations of the committee in advance of the next meeting. All members are encouraged to review minutes of past meetings and bring concerns and comments forward for reconsideration when appropriate.

The use and monitoring of psychosocial interventions was discussed at a previous meeting and the issue was again discussed at the October meeting. While the committee agrees that psychosocial interventions are important and necessary, and that knowledge of what has been provided can aid in the approval process of psychiatric medications, its membership does not feel it is part of their charge now to dictate or monitor these treatments. It was recommended to consider adding documentation of psychosocial interventions to form 461 when it is revised next.

8. Dr. Rao adjourned the meeting at 2:30PM.

Respectfully Submitted:

Amy J. Veivia, PharmD