

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

PRESENT: Angela Ojide, APRN; Amy Veivia, PharmD; Roumen Nikolov, MD; Alton Allen, MD; Margaret Rudin, PhD, APRN; Nicole Taylor, M.D.; David Aresco RPh; Carlos Gonzalez, MD; eyes, MD; Beth Muller, APRN; Dielka Brutus, APRN; Rosina Bandaza, M.D.; Pieter Joost Van Wattum, M.D.

1. The meeting was held in conference room A. Dr. Nikolov called the meeting to order at 1:07pm.
2. The next meeting is scheduled for October 4, 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 June 2019 meeting were reviewed and approved.
4. Announcements:
 - ❑ CME credit is being given for the February and June 2019 meetings.
 - ❑ Amy Veivia has the opportunity to attend training that will qualify her as an Instructor in Mental Health First Aid for youth. The training will take place in October in Hartford. After discussion the Committee endorsed Amy attending this training. At this time 211 service was also briefly discussed.
5. Medication Therapeutic Class Review:
 - ❑ **Antidepressants:** This review is deferred to the October 2019 meeting. CME will be offered.
6. Old Business:
 - ❑ ADRs associated with abrupt discontinuation of antihypertensives.
 - i. Research shows that there has been no data published on this subject for the past 20 years. The results of a Pub Med search classifies these ADRs as “rare” or “uncommon” and are noted to be dose related. PMAC recommends no changes to the Drug Use Guidelines regarding this matter.
 - ❑ Standardization of Supplements and Micronutrients: The PMAC position paper titled “VITAMIN, HERBAL, MINERAL AND NITRITIONAL SUPPLEMENTS was distributed, reviewed and discussed.
 - i. A concern regarding possible contaminants and/or allergens was discussed briefly.
 - ii. Noted that if use of these preparations is denied via the 465 process enforcement would be difficult.
 - iii. Noted that the position paper is intended to cover micronutrients.
 - iv. Recommendation made to change the word “permission” in the third paragraph to “consult”.
 - v. A recommendation to treat these products as other OTC products (needs approval of provider only) was discussed.
 - vi. There was much concern/discussion regarding the lack of data regarding ingredients, drug interactions and Adverse Drug Events.

- vii. Noted CMCU involvement required only if prescribed for a psychiatric indication.
 - viii. No other recommendation made.
 - Report of Pharmacy claims compared to CMCU data.
 - i. This is being investigated by Dr. Rao and is in process.
 - ii. It was noted that one of the goals of this inquiry is to determine if medications are being prescribed without CMCU approval and if so to what extent.
 - iii. Place on the October meeting agenda for further follow-up.
7. New Business:
- Psychotropic prescribing patterns for children in other countries.
 - i. CMCU agreed that as is a broad subject and a narrower focus needs to be developed.
 - ii. There was discussion regarding how this information might be utilized. Additionally, it was suggested that this information should be used only if there is an indication that outcomes are better.
 - iii. A suggestion was made to include non-medication treatment modalities and if effective perhaps adding these non-medication treatments as first-line therapy to the guidelines.
 - iv. The lack of services available for 2-6 yr. old children was discussed extensively.
8. Other as time allows:
- Form 465 and other issues: there was extensive discussions regarding this form and the fact that the DCF case worker or foster parent often does not accompany the child to appointments. There is concern as information about the child is needed especially for the initial visit.
 - ADR (Adverse drug reaction reporting): The current policy and ADR reporting form was distributed, reviewed and discussed in detail. It was noted that ADR reporting was last reviewed by this committee in 2014.
 - i. It was generally agreed that reporting needs to be as easy as possible.
 - ii. It was noted that Beacon requires ADR reporting and the CMCU/PMAC ADR reporting system may be redundant. A suggestion was made to determine if Beacon ADR data could be shared with PMAC/CMCU. It was noted that the toll-free Drug Information line is still functional although rarely used. This could serve as an ADR reporting "hot-line. A suggestion for online ADR reporting was made and discussed. Noted that this would need to be set up "from scratch".
 - iii. ICD9 codes and ICD10 modifiers were briefly discussed.
 - iv. It was noted that the Response Form has been modified to include additional information.
 - v. No actions recommended regarding this subject at this time.
9. Dr. Nikolov adjourned the meeting at 2:40PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist