

DCF Psychotropic Medication Advisory Committee
MINUTES
June 5, 2015 1:00 PM

Value Options® Connecticut 500 Enterprise Drive, Rocky Hill, CT 06067.

Present: Jacqueline Harris, M.D., David S. Aresco, Pharmacist, Patricia Cables APRN; Joan Narad, M.D.; Amy J. Veivia, Pharm. D.; Chris Malinowski, APRN; Margaret Rudin, PhD; Brian Keyes, M.D.; Irving Jennings, M.D.; Deputy Commissioner Michael Williams; Beth Muller, APRN.; Lee Combrick-Graham, M.D.; Jason Gott, Pharmacist; Aurele Kamm, APRN

- 1) The meeting was called to order by Dr. Harris at 1:00PM.
- 2) The next meeting is scheduled for September 11, 2015 from 1pm – 2:30pm at Value Options. Room location TBA. A recommendation was made and approved to change the meeting date due to the Labor Day Holiday weekend.
- 3) The minutes of the May 2015 meeting were reviewed and approved with 1 spelling correction and changes to item 5.vii.b.
- 4) Announcements: Legislative session: The “tolling the statute” legislation did not come up for a vote in this year’s general assembly session. PMAC members are encouraged to contact their legislative representatives regarding this legislation.

Feedback from Kristina Stevens: She is asking for input regarding the following issues:

Discharge Summary: Communication/paperwork is not following the children at the time of discharge. Need input on what information should be included in a discharge summary and what form it should take. PMAC discussed a short separate document be developed to be completed on the day of discharge and sent with the child to the next level of care (provider).

HIPPA: Legal is being asked to develop a document for distribution related to HIPPA issues/regulations for practitioners and others to use as a guide. PMAC voted to endorse this effort with the recommendation that the document also address other even more restrictive Connecticut laws/regulations regarding confidentiality.

NARCAN: Training for the DCF Clinical leadership in the use of Narcan will take place on June 17th. Following that training, DCF will be working on guidelines for the use of Narcan in treatment facilities. DMHAS currently has procedures set up regarding this issue which will be reviewed by DCF. It was noted that recent changes in law/regulations allows specially trained pharmacists to prescribe Narcan.

5) Medication Therapeutic Class Review: Antidepressants.

- I. CMCU 2014 data was presented, reviewed and discussed.
 - a. There were a total of 28 children on two antidepressants and zero on more than two concurrently. Of the 28 children 10 were male and 18 female.
 - i. The children ranged from 12 – 17 years of age with the exception of one 9yr old.
 - ii. Noted antidepressants were combined with trazodone (Tx of insomnia) or Wellbutrin (Tx of ADHD).
 - iii. Noted there were 17 instances of antidepressants being ordered for children less than 10 yrs of age. This included orders for Remeron, Zoloft, Prozac, Wellbutrin, and trazodone.
- II. The protocol, approved drug list, and maximum dose guidelines with recommended changes were presented, reviewed and discussed.
 - a. Noted that Max Dose is now in the 4th column and commentary was moved to the 5th column. No changes in Max Dose recommended. PMAC approved this recommendation.
 - b. No other changes to the protocol were recommended. PMAC approved this recommendation.
 - c. Duloxetine considered for the approved drug list. A formulary monograph was presented, reviewed and discussed. Noted two studies have been completed for depression. Results show no efficacy better than placebo or comparator. Noted that on Oct 14, 2014 this drug was approved by the FDA for use in children 7-17yrs for Generalized Anxiety Disorder (GAD). The issue of withdrawal was discussed as a concern with this medication. Noted that all SSRI's have withdrawal issues although duloxetine may be harsher than other SSRI's. A recommendation was made and approved to add a general statement regarding withdrawal to the SSRI class and a more specific statement for duloxetine and venlafaxine.
 - i. Recommend monitoring in addition to current monitoring for this class: Baseline LFT's, baseline and period monitoring of BP.
 - ii. PMAC voted to add duloxetine to the approved drug list with the following restrictions.
 1. Prescribed for GAD
 2. Ages 7-17 only.
 3. MAX dose 120mg/day
 - d. Nefazodone: Due to reports of liver failure PMAC voted to not add this medication to the approved drug list.

e. Paroxetine: Due to lack of efficacy PMAC voted to not add this medication to the approved drug list.

6) Special guest: Deputy Commissioner Michael Williams. Introductions were done. Commissioner Williams provided a brief description of his duties and responsibilities. He indicated that he is looking forward to getting feedback from PMAC. Several key items were discussed in detail as noted below.

i) Continuum of care – communications at the time of a change in location and/or level of care.

ii) Congregate care

iii) Increased acuity of children/adolescents

iv) Staff turnover

v) PTSD vs. Bipolar

vi) Differences between regions.

vii) Need for increased number of workers (human resources)

viii) Need for more options for care

Commissioner Williams thanked the group for the chance to hear PMAC issues.

Dr. Harris invited the Commissioner to utilize PMAC for feedback on issues whenever needed.

7) Adjournment: 2:42pm

Respectfully Submitted,
David S. Aresco
Consulting Pharmacist