

DCF Psychotropic Medication Advisory Committee
MINUTES
October 2, 2015 1:00 PM

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

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Beth Muller, APRN.; Maureen Evelyn, Parent Advocate; Patricia Cables, APRN; Sima Patel, Pharmacy student; David Aresco, Pharmacist; Irvin Jennings, M.D.; Chris Malinowski, APRN; Margaret Rudin, PhD, APRN; Sherrie Sharp, M.D.; Pieter Joost Van Wattum, M.D; Jennifer Zajac, M.D.

- 1) The meeting was called to order by Dr. Harris at 1:05PM.
- 2) The next meeting is scheduled for November 6, 2015 from 1pm – 2:30pm at Value Options same room location. If the location changes members will be notified by email.
- 3) The minutes of the September 2015 meeting were reviewed and approved with some minor changes.
- 4) Announcements:
 - I. The new clozapine registry goes into effect 12 October 2015.
 - II. The FDA publication regarding tramadol use in children ages 17 and younger was reviewed and discussed.
 - III. New requirements for the State of Ct Controlled Drug Monitoring Program were described and discussed. After initial registration prescribing practitioners are required to review their patients' use of controlled drugs every 90 days.
 - IV. A meeting that took place with DMHAS, DDS, DCF and Parole Officials was described and discussed. The discussion included the following:
 - a. Noted it has been difficult getting care givers to prescribe substance abuse treatment agents (especially suboxone) due to malpractice concerns. DMHAS has requested a meeting with Dr. Harris to discuss potential ways of reducing some provider reluctance to prescribe these treatment agents. The subject of some type of indemnity or other State of CT support to provide coverage for those state employed providers that prescribe these medications was discussed.
 - b. Please email Dr. Harris with any helpful comments/suggestions that may be brought to this meeting by 10/8.
 - c. Discussion took place regarding having the appropriate infrastructure and support staff to manage these high risk children/adolescents.

- d. Noted that DMHAS is the lead agency of this issue and is receiving grant money to support approved changes/initiatives.
- e. Communication with Mary Painter the Director of Substance Abuse was done by Dr. Harris to get an update on the issue of getting Narcan into DCF facilities is not. An actual time frame for this has not been set yet but it is anticipated that next steps will be known by the end of 2015.
- f. There was discussion regarding if DMHAS facilities may already include Narcan in their emergency kits. DCF P&T Consulting will do fact gathering to determine if Narcan is any kits and how is it determined what is in the emergency kit of each facility.
- g. A suggestion was made and endorsed to invite Mary Painter the Director of Substance Abuse to the next DCF PMAC meeting.
- h. A suggestion was made to get local advocacy groups involved.
- i. It was noted that there is a DMHAS overdose work group that meets monthly. Dr. Amy Veivia will attend the next meeting and report back to PMAC. The contact person is Susan Wolfe.

5) Medication Therapeutic Class Review: Anticholinergics and opioid antagonists.

- I. The protocol, approved drug list, and maximum dose guidelines with recommended changes were presented, reviewed and discussed.
 - a. Benztropine: after some discussion regarding the current maximum dose of 6mg/day it was recommended and approved to lower the daily max dose to 4mg/day.
 - b. Trihexyphenidyl: there was a discussion regarding higher doses of up to 2.6mg/kg/day were safe and effective. PMAC discussed this and decided to not change the current max dose for this medication.
 - c. Naltrexone: no changes recommended.
- II. Approved Drug List Requests: PMAC requested that the following medications be considered at the next meeting. P&T Consulting will conduct research, provide monographs and recommendations at the next PMAC meeting. Additionally the committee will consider if these medications as well as those used for alcohol detox/rehab and nicotine addiction should fall under the auspices of DCF PMAC.
 - a. Vivitrol
 - b. Naltrexone
 - c. Suboxone
 - d. Methadone
 - e. Oxazepam
- III. The need for separate licensure for the use of methadone and suboxone was briefly discussed.

- IV. Jason Gott will be asked to provide prescribing data for these medications to include if they are considered psychiatric or medical in nature.

6) DSS benzodiazepine Report Follow-up.

The most recent 6mo data was provided in the report (thru 30 Sept 2015). The report included distinguishing prescribers by type. Now that this template has been set it may be used to run reports on other medications. It was proposed and approved that this report should be run for the 2 DUE's for this year.

- i. Benzodiazepines
- ii. Substance abuse

7) PRN use/Chemical restraints: Information and guidelines from Illinois, Tennessee, Alabama, Wyoming, and New York were distributed, reviewed and discussed. There was concern expressed that there may be medication order sets that are automatically ordered. This is especially concerning if lorazepam (Ativan) is included in the order set. DCF is involved and interested in this issue and would like data collected. A suggestion was made to contact Hancock's Pharmacy to determine what data they could provide for Solnit Center on this issue. P&T Consulting will follow-up and contact Hancock's Pharmacy.

Additional journal publications and guidelines were discussed.

Noted that po administration of medications such as lorazepam was not considered chemical restraint while parenteral administration was. The committee endorsed developing parameters for standing orders for PRNs. Members are to email Dr. Harris with any input they may have on language for parameters.

PMAC recommends getting comparative rates among the states regarding restraint rates and if restraints are chemical (if allowed) or physical.

P&T Consulting will explore the possibility of getting restraint rates for the adolescent unit at Silver Hill Hospital. This will include if medications were used as part of the restraint. PRN policies will also be researched. This will be available if the information is in the public domain.

The issue of foster parents administering PRN medication was discussed. Noted that it is not technically prohibited but is not currently the local practice.

8) Newsletter: PMAC recommended the newsletter not be reinstated.

9) Adjournment: 2:35pm

Respectfully Submitted,
David S. Aresco, RPh, FASCP
Consulting Pharmacist