

DCF Psychotropic Medication Advisory Committee
Minutes: January 8, 2016 1:00 PM

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Chris Malinowski, APRN; Joan Narad, M.D.; Beth Muller, APRN; Aurele Kamm, APRN; Annie King, PharmD Candidate

1. Dr. Harris called the meeting to order at 1:02PM.
2. The next meeting is scheduled for February 5th 2016 from 1pm – 2:30pm at 500 Enterprise Drive, Rocky Hill, CT 06067. Please inquire as to room location on 3rd floor upon arrival.
3. The minutes of the December 2015 meeting were reviewed and approved with minor revisions. The changes will be made and the approved minutes forwarded for posting on the DCF PMAC Web site.
4. Announcements:
Maureen Evelyn resigned as parent advocate due to scheduling conflicts. Her participation will be missed. A thank you card for Maureen was circulated at the meeting.

The CMCU accepted the following recommendations made at the last meeting and were implemented beginning January 1st; they are as follows:

- All requests for children 5 years of age or younger will only be approved for a period of 3 months (except for ADHD medications).
 - Additional requirements for processing requests for this age group are being considered by the CMCU. Dr. Harris will continue to work with DCF administrators on the plan development and implementation.
 - Routine PRN medication orders will not be permitted as standing orders upon admission to a hospital. All orders must be individualized for each child.
 - CMCU will not approve an antipsychotic medication as first line treatment for depression.
5. Medication Therapeutic Class Review

Non-stimulant ADHD Medication: A literature review was conducted for recent recommendations for the use of atomoxetine, bupropion, guanfacine, and clonidine in children and adolescents. Following review of the most recent

literature, a recommendation was made to revise the maximum dosing guidelines for guanfacine. The new guidelines will state that the maximum dose for the immediate release formulation is 4mg, while the maximum dose of the extended release tablets (Intuniv) is 0.05-0.12mg/kg not to exceed 7mg per day.

Benzodiazepines: No changes were recommended for the approved drug list, monitoring protocol or maximum dosing guidelines.

6. The potential benefit of using standardized rating scales to assist in determining medication needs for an individual child was raised by a member in the December PMAC meeting. Discussion is expected to last for several months before any decision on recommendations will be made.

Several key points were made:

- Rating scales/monitoring tools need to be used for the appropriate reasons.
- Some tools may be better suited to monitoring for response to treatment vs for diagnostic purposes.
- If suitable to monitoring response to treatment, inclusion in the medication monitoring algorithm should be considered.
- Tools may be put on the website or referenced in appropriate processes.
- Given the number of scales that exist, it would be best to focus on one diagnostic category at a time.
- Implementation logistics for requiring scales/monitoring tools have to be taken into consideration when developing any recommendation for inclusion.

Plan:

- In the February meeting we will begin this process by reviewing scales/monitoring tools for ADHD. All members are encouraged to present their recommendations at the next meeting.

7. Dr. Harris adjourned the meeting at 2:35 P.M.