DCF Psychotropic Medication Advisory Committee
Meeting Minutes
February 07, 2020, 1:00 PM

PRESENT: Amy Veivia, PharmD; Alton Allen, MD; David Aresco RPh; Irvin Jennings, MD; Brian Keyes, MD; Paul Rao, MD; Dielka Brutus, APRN; Rosina Bandanza, MD, Pamela Hetherington, MD; Carlos Gonzalez, MD; Beth Muller, APRN; Angela Ojide, APRN; Tina Spokes, RN

1. The meeting was held in conference room A. Dr. Rao called the meeting to order at 1:01pm.

2. The next meeting is scheduled for March 6, 2020 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 January 2020 meeting were reviewed and approved with several minor changes.

4. Announcements:
   - Dr. Rao distributed a recent American Academy of Pediatrics Clinical Report published in a recent issue of Pediatrics titled "Children Exposed to Maltreatment: Assessment and the Role of Psychotropic Medication," a joint endeavor of both AAP and AACAP. He encouraged PMAC members to review this summary, and it can be a topic for discussion at future meetings.

5. Medication Therapeutic Class Review:

   - Non – Stimulant ADHD medications:
     1. The monitoring guidelines for this class of medication were distributed, reviewed, and discussed.
        a. There was one review article from January 2020 evaluating the current use of guanfacine XR for ADHD. There was no significantly new information in the piece.
        b. There is no new information available for the other medications in this class.
        c. The practice of adding these medications to the regimen if there is a suboptimal response from monotherapy with stimulants was discussed at length. A consensus was met regarding the advantages of maximizing stimulant therapy prior to considering adding a second medication.
        d. Dr. Rao commented that several community providers have been sending requests to CMCU to prescribe or continue prescribing guanfacine ER more than once per day. This practice was discussed, and it was not felt to reflect the practice of the community providers at PMAC.
        e. The maximum recommended daily doses for each of the medications in this class were discussed. The max dose for guanfacine (7mg/day) was discussed considering potential for rebound hypertension.

f. The practice of obtaining a baseline EKG was discussed at length. Concerns include the fact that DCF committed youth often have little documentation regarding cardiac family history. There was discussion regarding what an EKG might show that would be of value regarding prescribing stimulants and other medications. Ultimately no changes were recommended to the language about EKG in the guidelines.
g. NO CHANGES were recommended for this class of medication.

6. Old Business:
   - Evidence base for stimulant use for trauma and aggression was discussed. No recommendations made.
   - Pharmacokinetic data for Jornay PM and Adhansia: A slide presentation showing pharmacokinetic profiles for these two medications was viewed and discussed at length.
     i. Adhansia: there was concern that there was no pharmacokinetic data available for doses lower than 100 mg/day. At this dose, a large area under the curve and the high drug concentration at bedtime were raised as concerns. The serum concentration drop at 4 hrs after administration was noted and discussed.
     ii. Jornay: the HS dosing with peak drug levels in the AM was remarked on. Members expressed concern about the high peak levels in the morning, and some members expressed concern about increased abuse potential. One member discussed the potential benefit of the medication for a patient in a residential setting who has difficulty with organization in the morning, leading to disruptive behaviors. It was also noted that this medication is not on the Medicaid Formulary.
     iii. PMAC recommends that these medications NOT be added to the Approved Drug List at this time.
   - Statement regarding coordination with PCP: Recommend this be placed at the top of the appendix (Drug Use Guideline) document. A suggested statement was presented by Dr. Rao and discussed. This suggested statement was approved by the Committee and will be added to the Appendix.

7. New Business:
   - Monarch TNS System: This is a new FDA approved device for ADHD that is placed on the forehead at bedtime. This was briefly discussed and is for informational purposes only as devices do not come under the purview of PMAC.
   - DCF 465 Medication Request Form: The form was briefly reviewed as the last revisions took place almost 6 years ago. Several preliminary suggestions were discussed. Members were asked to further review this form and submit suggestions for changes if needed. A final review of this form will take place at the next PMAC meeting
   - CMCU Data: Data was presented (via slides) and discussed regarding 2019 CMCU activity.
     i. There continued to be a downward trend in the number of medication requests submitted, as well as the total number of committed youths these requests are for.

ii. The criteria used for 30-day approvals was discussed.
iii. The requests by setting were discussed.
iv. The number of children on 5 concurrent standing medications is showing a steady and significant downward trend.

8. Other as time allows: NONE

9. Dr. Rao adjourned the meeting at 2:32PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist