DCF Psychotropic Medication Advisory Committee
Meeting Minutes
January 03, 2020, 1:00 PM

PRESENT: Amy Veivia, PharmD; Alton Allen, MD; Margaret Rudin, PhD, APRN; David Aresco RPh; Irvin Jennings, MD; Brian Keyes, MD; Paul Rao, MD; Dielka Brutus, APRN; Roumen Nikolov, M.D.; Pamela Shuman, MD; Rosina Bandanza, MD, Pamela Hetherington, MD; Nicole Taylor, MD.

1. The meeting was held in conference room A. Dr. Rao called the meeting to order at 1:03pm.

2. The next meeting is scheduled for February 7, 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 December 2019 meeting were reviewed and approved with minor changes.

4. Announcements:
   - Dr. Rao announced that the DCF Training Academy has approved his proposal for a recurring training presentation on psychotropic medications for DCF staff. This presentation will be an overview of the consent process (CMCU) as well as issues that are unique to the psychiatric treatment of foster youth. Dr. Rao invited PMAC members to give input in preparing this presentation.
   - Caplyta (Generic name lumateperone), a new antipsychotic, has recently been approved by the FDA.
     i. There was a discussion regarding this new medication to include:
        1. Approval is for adults only.
        2. Mechanism of action.
        3. Side effect profile.
        4. Cost.
     ii. A recommendation was made and approved to not add this medication to the approved drug list pending additional data/studies being available.

5. Medication Therapeutic Class Review:

   - Stimulants: Noted that CME credit has been approved for this Drug Class Review.
     i. There was considerable discussion on this topic including:
        1. The use of stimulant monotherapy to treat irritability in youth diagnosed with autism and ADHD; mixed results noted.
        2. The utility of using ADHD scales to monitor treatment response, and the challenges in obtaining these.
        3. The challenges in obtaining personal and familial cardiac histories for youth in foster care. A recommendation was made and approved to ADD to the baseline studies: If a cardiac history (either personal or familial) is not able to be obtained reliably, then consider obtaining an EKG prior to treatment.
        4. The rarity of sudden cardiac death with stimulants.
        5. Costs of stimulant therapy including monitoring with EKG.

6. The public perception of stimulant therapy.
7. The challenges of obtaining a baseline physical examination or baseline coordination with PCP prior to beginning a stimulant. It was noted this could relate to all classes of medications not only stimulants. It was also noted this may be difficult for children who change placements while in DCF care vs those just coming into DCF care.
8. Possible changes to the standard information required with a CMCU request.
9. There was a suggestion that the CMCU provide the prescribing practitioner with the PCP's contact information and that a conversation between the prescribing provider and the PCP be mandated and documented before there is approval of the medication. It was felt by other members that this would be a "barrier" to necessary treatment.
10. A recommendation was made and approved to develop a statement regarding the issue of coordination with the PCP that would apply to the entire Appendix II Drug Guideline; specific language to be discussed at the next PMAC meeting.
11. A recent review article of the pharmacology of various stimulant formulations was presented.
12. NEW STIMULANT FORMULATIONS:
    a. Jornay PM: a methylphenidate formulation; all XR given in the PM. Max recommended daily dose 100mg. The dosing time and max dose were discussed, and there were several members expressing concern about this formulation.
    b. Adhansia: a methylphenidate formulation combining IR/CR with a recommended max daily dose of 85mg.
    c. More information on these 2 new medications will be provided next month
    d. No further action including approval was recommended.

6. Old Business:
    - Evidence base for hydroxyzine and buspirone use in children and adolescents.
        i. Buspirone: Two small studies were found and reviewed, including one RCT in youth with autism. Both studies were non-conclusive. No changes recommended to the existing DCF guidelines,
        ii. Hydroxyzine: A 2018 article using claims data for ~84,000 children was reviewed and discussed. An interesting finding was that 4% of youth were prescribed hydroxyzine, and that only 3% of youth prescribed hydroxyzine continued therapy after 6 months.

7. New Business:
    - Cholinesterase inhibitors and NMDA antagonists for children and adolescents as cognitive enhancers.
        i. After an exhaustive search very little information was found in PubMed. Clinical Trials.gov has several trials listed; some were terminated while others had little in the way of results/conclusions.

8. Other as time allows:

- An AACAP presentation reviewing the literature on ADHD polypharmacy was discussed
    i. There was a general conclusion reached that stimulant therapy should be optimized prior to adding a second agent, and that in polypharmacy situations (typically addition of alpha-agonist), there may be minimal additional benefit with incurring of more side effects.
- It was noted that the medication request form 465 has not been revised since 2014. A recommendation was made and approved to review the form at the next PMAC meeting.

9. Dr. Rao adjourned the meeting at 2:35PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist