**MEETING SUMMARY OF APPROVED RECOMMENDATIONS**

Recommendations made and approved at the December 2017 DCF PMAC meeting. **Your comments, suggestions, etc. are WELCOME.**

**DRUG CLASS REVIEW:**

Opioid Antagonist Medication for Self-Injurious Behavior: naltrexone

-A recommendation was made and approved to change max dose from 2-3mg/day to 3mg/day.

-A recommendation was made and approved to delete the brand name Revia as this drug is now available as generic only.

-A recommendation was made and approved to change monitoring of LFT’s to annual and then as indicated.

**Hydroxyzine – QTc monitoring:** A document detailing the effect of this medication on QTc especially when combined with other medication(s) that effect QTc was distributed, reviewed, and discussed in detail.

-A recommendation was made and approved to place a general caution in special considerations.

**Newer medications available for the treatment of TD.**

-Ingrezza (valbenazine)

-Deutrabenazine

A recommendation was made and approved to research these drugs, develop drug monographs, and report back to PMAC in January 2018. At this time these medications are not on the approved list.

**Availability of Daytrana and Moban**:

-Moban is not available at this time.

-Daytrana is available (possibly in limited supply) from drug wholesalers in at least 4 strengths.

DCF Psychotropic Medication Advisory Committee

**Meeting Minutes**

**December 1, 2017, 1:00 PM**

Present: Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Carlos Gonzalez, M.D.; Beth Muller, APRN; Joan Narad, M.D.; Maryellen Flynn, PMHNP; Brian Keyes, M.D.; Alexandra Kinard, RN (APRN student).

1. Dr. Rao called the meeting to order at 1:07PM.
2. The next meeting is scheduled for January 5, 2018 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 November 2017 meeting were reviewed and approved with some minor changes/corrections.
4. Announcements.
5. Medication Therapeutic Class Review:

**Miscellaneous:** The medications currently on the approved drug list (noted below) were reviewed and discussed.

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| --- |
| **Counteract Anticholinergic Side Effects**  Benztropine **(**Cogentin)  Amantadine (Symmetrel)  Trihexyphenidyl (Artane) |
| **Opioid Antagonist Medication for Self-Injurious Behavior**  Naltrexone (Revia) |

Protocol review, Approved drug list review, Pregnancy classification review, Max dose review, Utilization data review (if available), FDA warnings (if any).

Counteract Anticholinergic Side Effects:

-Adding monitoring for dental carries was discussed. A recommendation was made and approved to investigate the incidence of this adverse effect and report back to PMAC in January 2018.

Opioid Antagonist Medication for Self-Injurious Behavior:

-A recommendation was made and approved to change max dose from 2-3mg/day to 3mg/day.

-A recommendation was made and approved to delete the brand name Revia as this drug is now available as generic only.

-A recommendation was made and approved to change monitoring of LFT’s to annual and then as indicated.

**Approved drug list consideration:**

No changes recommended

**Consideration for addition to the approved drug list**

There was a discussion regarding the newer medications available for the treatment of TD. These include:

-Ingrezza (valbenazine)

-Deutrabenazine

Noted that neither drug is approved for use in children/adolescents.

Noted these medications are very expensive and costs may run as high as $60,000/year.

The possible use of these medications in the treatment of Tourette’s was discussed.

A recommendation was made and approved to research these drugs, develop drug monographs, and report back to PMAC in January 2018.

At this time, these medications are not approved for use.

**Review of meds denied for the Approved Drug List.**

None

1. Old Business:
   * Availability of Daytrana and Moban:

* Moban is not available at this time.
* Daytrana is available (possibly in limited supply) from drug wholesalers in at least 4 strengths.
  + Hydroxyzine – QTc monitoring: A document detailing the effect of this medication on QTc especially when combined with other medication(s) that effect QTc was distributed, reviewed, and discussed in detail. It was agreed that placing a general caution in special considerations was preferable to listing medications that, combined with hydroxyzine, may have an effect on QTc

A recommendation was made and approved to place a general caution in special considerations.

* + Treating substance use disorders in children/adolescents.

-There was a short discussion regarding the lack of availability of medication based treatment. No recommendations or conclusions.

A recommendation was made and approved to keep this item on the agenda for the January 2018 meeting.

1. New Business: Educational outreach efforts via PMAC

The 2 formal educational programs (with CME) that the DCF PMAC had organized in the past were discussed. The consensus is that these programs were ambitious and perhaps .

The possibility of the DCF PMAC putting on an education program in the future was discussed in detail. Discussion points included:

-attracting adequate attendance numbers

-partnering with ACCESS-MH/Beacon

-target audience: possibly primary care, behavioral pediatricians, neurologists

-education regarding use of medication in youth in foster care/CMCU process

-noted that PMAC members and others presented. Additionally there was a panel discussion.

- A recommendation was made and approved to send to PMAC members along with the minutes information regarding a possible educational program; determine if any members would like to participate and what topics should be included in the program.

- A recommendation was made and approved to send members what topics the PMAC should address in 2018. These should be related to DCF and actionable.

PMAC taking a role in educating front line DCF staff and/or foster care agencies was discussed. Points of discussion included:

-would this be helpful?

-is it necessary?

-a curriculum would potentially need to be developed including processes and medication related topics. One would be for new staff and another as a refresher.

A recommendation was made and approved to carry this agenda item over to the January 2018 meeting for further discussion.

1. OTHER: The use of ketamine was discussed.
   * Noted that is used in EMS settings (ambulance) for agitation
   * Noted that it is sometimes used in the ER setting
   * The use of this medication for aggressive children/adolescents was discussed, including if and how its use was endorsed and by what agencies
   * Noted that it is used in OR settings by pediatric anesthesia
   * The effect of this medication on suicidal ideation was discussed: noted one case study describing an adolescent whose suicidal ideation improved rapidly with ketamine therapy.
   * PMAC agreed that ketamine is not ready for broad psychiatric use, as the evidence and safety data are still limited.
   * Ketamine therapy vs ECT was discussed.
   * A recommendation was made and approved to make this an agenda item for the January 2018 meeting.

Cannabinoid use: use of this medication for the treatment of PTSD was discussed. Noted that research may not support this use as the data is weak.

E-Prescribing: the mandate that all controlled drug prescriptions in CT must be transmitted via e-prescribing software by 01 January 2018 was discussed. Noted that waivers may be granted under certain circumstances.

1. Dr. Rao adjourned the meeting at 233PM.

Respectfully submitted:

David S. Aresco, Pharmacist