**MEETING SUMMARY OF APPROVED RECOMMENDATIONS**

Recommendations made and approved at the February 2, 2018 DCF PMAC meeting. **Your comments, suggestions, etc. are WELCOME.**

**DRUG CLASS REVIEW**

Guanfacine

-There was discussion of a recommendation to add a weight-based dosing guideline for guanfacine ER. This was recommendation was approved.

Clonidine

-The specific language “not FDA approved for children <6” in the protocol for clonidine was discussed. A recommendation was made and approved to delete this language since this is not unique to clonidine.

Propranolol

-A recommendation was made to modify the language “ages 1 – 17yrs old” to “children and adolescents up to 17 years of age.” This recommendation was approved.

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

Vesicular monoamine transporter 2 (VMAT2) inhibitors: The two medications below were considered.

-deutetrabenazine

-valbenazine

-A recommendation was made and approved to NOT ADD these medications to the approved drug list at this time.

DCF Psychotropic Medication Advisory Committee

**Meeting Minutes**

**February 2, 2018, 1:00 PM**

Present: Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Carlos Gonzalez, M.D.; Joan Narad, M.D.; Brian Keyes, M.D.; Pieter Joost Van Wattum, M.D., Carissa Patsky, M.D.

1. Dr. Rao called the meeting to order at 1:05PM.
2. The date/time of the next meeting is scheduled for March 2, 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 December 2017 meeting were reviewed and approved with some minor revisions.
4. Announcements: Carissa Patsky, MD was introduced to the committee members. Dr. Patsky is a child and adolescent psychiatrist who has joined the CMCU.

There may be a new manufacturer for Molindone. Some new clinical trials are currently underway.

1. Medication Therapeutic Class Review:

A proposed 2018 schedule for drug class reviews was distributed, reviewed and approved. A recommendation was made and approved to include relevant references for all recommendations/requirements in the drug use protocol document. This will be done as part of each monthly therapeutic class review.

Class Review: Antihypertensive medications for behavioral indications: Each medication in this class was discussed in detail. Key points per below:

*Guanfacine*

- There was discussion of a recommendation to add a weight-based dosing guideline for guanfacine ER. This was recommendation was approved.

-The rationale for combining of IR and ER dosing was discussed and several individual cases using this dosing were described. No action recommended.

*Clonidine*

- The specific language “not FDA approved for children <6” in the protocol for clonidine was discussed. A recommendation was made and approved to delete this language since this is not unique to clonidine.

*Propranolol*

-The lack of robust guidance and literature on dosage parameters for youth was discussed. The committee considered the L.A. County Department of Mental Health guidelines for dosing for aggression, anxiety and PTSD up to a maximum of 40 mg/day. It was also noted that the “Clinical Handbook of Psychotropic Drugs” referenced a maximum daily dose of 120 mg/day. No revisions to the maximum dose were recommended.

- A recommendation was made to modify the language “ages 1 – 17yrs old” to “children and adolescents up to 17 years of age.” This recommendation was approved.

*Prazosin*

-Available data, including dosing, was discussed. A review article published in February 2017 cited 9 articles related to the use of prazosin; most were case reports showing improvement in nightmares associated with PTSD. Doses up to 4 mg were used. No changes were recommended to the guidelines.

-The USF guidelines were discussed as a possible resource. No action recommended.

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

Vesicular monoamine transporter 2 (VMAT2) inhibitors: The two medications below were considered.

-deutetrabenazine

-valbenazine

 Monographs were distributed, reviewed and discussed. Key points included:

-Neither medication is indicated for children.

-Both medications are available only through specialty pharmacies.

-Cost is approximately $60,000 per year.

-Use in Tourette’s is being studied, no data currently available.

-A phase II study was discussed. It was noted that desired end points were not reached. The study concluded the doses used were too low.

-PMAC recommends these medications SHOULD NOT BE ADDED to the approved drug list at this time.

1. Old Business:
* Standards of care for the management of Substance Use Disorders in children/adolescents.
	+ Information is still being gathered on this issue. A list of prescribers approved to prescribe Suboxone has been obtained.
* Continuing educational outreach to providers (Continued discussion from the Dec 2017 meeting)
	+ It was noted that there was no feedback on this issue from PMAC members since our last meeting. The following points were made:
		- A more formal program with CME could be considered.
		- PMAC membership should be contacted to determine level of interest.
		- It was suggested that the target audience should be primary care providers.
	+ A recommendation was made and approved to email pediatricians for suggestions on subject matter and to help determine interest level. This may be coordinated through Jillian Wood, Executive Director for AAP.
* Ketamine (Continued discussion from the Dec 2017 meeting)\

 Relevant psychiatric literature related to ketamine was discussed

* + Discussion focused on the use of ketamine in emergency settings, including by paramedics in ambulances, and in psychiatric settings.
	+ State of CT documents indicate ketamine is approved for use by Emergency Medical Responders in adults only.
	+ It was noted there are ketamine clinics in CT. More information regarding the practice in these clinics, particularly whether youth are being referred there, will be brought to PMAC.
	+ There was concern expressed that the discontinuation of ketamine therapy may result in increased suicidality.
1. New Business: None
2. Other Business.

There was a brief discussion regarding State of CT approved indications for Medical Marijuana use in the pediatric population. This was informational only and not actionable by the PMAC.

The provider survey conducted in the past by PMAC was discussed. A recommendation was made and approved to find the survey data if possible and report back to PMAC. If the old data is not retrievable a new survey modeled after the past survey will be developed.

Dental caries related to anticholinergic use was researched. No relevant data was found.

1. Dr. Rao adjourned the meeting at 2:15PM.