DCF Psychotropic Medication Advisory Committee
Meeting Minutes
September 8, 2017, 1:00 PM

Present: Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Paul Rao, M.D.; Allen, Alton M.D; Chris Malinowski, APRN; Grace Pieta, RN; Lee Combrick-Graham. M.D.; Angela Ojide, APRN; Maryellen Pachler, APRN.

1. Dr. Rao called the meeting to order at 1:10PM.

2. Set date/time of next meeting: The next meeting is scheduled for October 6, 2017 from 1pm – 2:30pm at Albert J. Solnit Children's Center 915 River Rd Middletown CT, A Building, Conference Rm A.

3. The June 2017 minutes were reviewed and approved with minor changes.

4. Announcements: All committee members present introduced themselves. There was a brief discussion regarding the purpose of the DCF PMAC and whether to expand its scope beyond psychotropic medication use. No recommendations or actions from PMAC at this time.

5. Medication Therapeutic Class Review:
Antidepressants: The protocol, approved drug list, pregnancy classifications, max doses, and FDA warnings were reviewed and discussed.
A recommendation was made and approved to keep the medications listed below on the Approved Drug List.

Tricyclics
Amitriptyline *(D)* (Elavil)
Clomipramine (Anafranil)
Desipramine *(UD)* (Norpramin)
Imipramine (Tofranil)
Nortriptyline *(D)* (Aventyl, Pamelor)

SSRI's
Citalopram (Celexa)
Fluoxetine (Prozac, Sarafem)
Fluvoxamine (Luvox)
Sertraline (Zoloft)
Escitalopram (Lexapro)

Others
Bupropion (Wellbutrin, Wellbutrin XL or SR, Zyban)
Mirtazapine (Remeron)
Trazodone (Desyrel)
Venlafaxine (Effexor, Effexor XR):
--A recommendation was made and approved to add venlafaxine in the special considerations section regarding withdrawal (currently only duloxetine is listed).

Duloxetine (Cymbalta)

Consideration for addition to the approved drug list
-Vortioxetine (Trintellix):
--Addition to the approved drug list **denied**: There is no new study data available regarding safety and/or efficacy for use in children/adolescents. There is no advantage over medications currently on the approved drug list.

Review of meds denied for the Approved Drug List.
-Nefazodone: ADR profile: Liver toxicity.
-Paroxetine: Higher risk of suicide per FDA advisory. Reports of liver failure. Study shows to be ineffective and unsafe.
-Trazodone XR: No advantage over trazodone IR when used for insomnia.
-Vilazodone: No posted results from previous study. Recruitment underway for 3 new studies. One study completed however the results have not been published.
-Vortioxetine (Trintillex): see above

RECOMMENDATION: Addition to the Approved Drug List denied for reasons noted above.

The safety and efficacy of SSRI's was discussed. No changes or new recommendations made at this time.

It was noted that there was one request to the CMCU for a tricyclic antidepressant over the past year that was denied. Also noted that tricyclics may be used in children at low doses to treat migraines.

The use of trazodone was discussed. It was noted that its use has been limited primarily to insomnia, despite its antidepressant properties. Research will be conducted to determine if trazodone has a place in therapy for treating depression in children. Results will be presented at the October 2017 meeting.

6. Old Business:
    1. The addition of Suboxone to the approved drug list was discussed at length: Noted that this medication is on the Solnit formulary for use in 13-18yr old patients. The role of PMAC regarding the treatment of substance abuse was discussed. It was noted that DCF PMAC should not at this time advise DCF on the use of psychotropic medications to treat acute substance withdrawal. It was suggested that DCF PMAC may have a role in maintenance therapy.
       It was noted that some DCF-committed youth receive substance abuse residential treatment through Rushford.
       A recommendation was made and approved to research any standards regarding the management of substance abuse in the child/adolescent population. Results will be presented at the October 2017 PMAC meeting.

The issue of children with substance use disorders in custody was discussed. The use of marijuana to self-medicate underlying problems was discussed. Appropriate therapy may reduce substance use. The differing attitudes toward marijuana among prescribers were discussed. The use of Xanax was mentioned but it was noted that it is not a large problem.
The possibility of drug induced psychosis in children and adolescents was discussed.
The difficulty in obtaining a substance abuse history was noted.
It was noted that Solnit will have Grand Rounds on the subject of substance abuse treatment in the near future presented by a M.D. from Yale.
A recommendation was made and approved to develop a 5-question survey related to substance abuse treatment in children and adolescents. The survey could be sent to the child psychiatry and nurse practitioner organizations. The survey questions will be drafted for review and approval at the October 2017 PMAC meeting.
A recommendation was made and approved to continue to have this subject on the DCF PMAC agenda.

2. Other medications used to treat substance withdrawal/maintenance were reviewed and discussed. A handout showing an overview of medically assisted management of substance withdrawal was distributed, reviewed and discussed. A recommendation was made and approved to limit the discussion to Suboxone.

7. New Business:
   1. A review and discussion of newer stimulant formulations was completed. It was noted that these newer medications are actually reformulations of medications currently on the Approved Drug List. A recommendation was made and approved to schedule an annual drug class review for stimulants to be presented at the October 2017 PMAC meeting. This review will include all formulations that came to market over the past year and a detailed table to show the unique qualities of each formulation.
   2. The discussion on the subject of the Health Passport (HP) was continued. The continuity and portability of medical record information was noted as an obstacle relating to the prescribing of medications and other treatment modalities.
      Note that the HP is not a new concept and has been in use since 2006 (and possibly earlier). Noted that the DCF practice guide was updated in 2014 including a discussion on the HP.
      The physical manifestation of the HP is a folder that follows the child/adolescent. This folder may contain many documents completed by various providers of care. Official HP forms include the DCF 741HF that is

to be updated with form 742. The DCF social worker has the overall responsibility for the HP.
Noted that plans include having the HP as part of LINK. Noted that even with this enhancement the LINK system is not available to all who need to update the HP.
The issue of children/adolescents presenting with no documents was discussed and it was noted that this is often the case. Also discussed was the issue of “shadow documents” as, often, the storage of needed documents is not centralized (in the HP).
Noted that the medication history is not enough information. The HP should include a complete history (also not only the DCF history). Lost documents, documents not filled out or incomplete documentation result in holes in historical data.
The issue of each region having their own processes in maintaining updated clinical information was discussed and noted to be problematic.
It was noted that nurses may be better suited to maintaining the HP than social workers.
The system that will replace LINK was discussed as potentially helpful in solving some of the noted issues. It was again noted that this new system may or may not be available to outside providers.
Noted that all children/adolescents connected to DCF (not just committed children/adolescents) should utilize the HP.
Noted that social workers receive regular training on the HP.
PMAC has no recommendations regarding the HP at this time.

8. Dr. Rao adjourned the meeting at 2:30PM.

Respectfully Submitted:

David S. Aresco, RPh, FASCP