DCF Psychotropic Medication Advisory Committee
Minutes; March 3, 2017 1:00 PM

Present: Beth Muller, APRN; Amy Veivia, Pharm. D.; Roumen Nikolov, M.D.; David S. Aresco, Pharmacist; Joan Narad, M.D.; Paul Rao, M.D.; Irvin Jennings, M.D.; Fredericka Wolman, M.D.; Robyn Hoffman, APRN: Kirsten Rudd; Joan Kearney.

1. Dr. Rao called the meeting to order at 1:07PM. Introductions were done.

2. The next meeting is scheduled for April 7, 2017 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 February 2017 meeting were reviewed and approved.

4. Announcements: a) A position for a full-time psychiatrist as Regional Medical Director for DCF has been posted. B)
5. the funding and utilization of Access Connecticut was discussed.

6. Medication Therapeutic Class Review:
   Non-stimulant ADHD Medications:
   Protocol review: Baseline and follow-up studies/monitoring, Pregnancy classification, Max dose, Special considerations, Utilization data review (if available), FDA warnings (if any).
   The present and proposed Medication Monitoring Protocol was distributed, reviewed and discussed.

   Recommended changes/deletions/additions:
   Dosing for guanfacine ER change: Weight based dosing not to exceed 4mg for children 6-12 yrs old and 7mg for adolescents. Dosing for clonidine change: 0.4mg for children 6-12 yrs old and adolescents.

   Special Considerations; Alpha-2 Agonists: Guanfacine; Add: Adverse Drug Events increase significantly at dose >3mg.
   Special Considerations; Alpha-2 Agonists: Clonidine; Add: Not FDA approved for children <6yrs old.
   Special Considerations: Recommended and approved: add comment "Caution: dual treatment with both guanfacine and clonidine compounds requires dose reduction".

   Approved drug list consideration: No change recommended in the approved drug list status for the currently approved medications (listed below).
   - -Clonidine
   - -Guanfacine
   - -Atomoxetine
   - -Bupropion

Review of meds denied for the Approved Drug List.

-NONE

No utilization data available at this time for this class of medications.

No FDA warnings for this class of medications were issued over the past year.

~~7.~~6. Old Business: Genotyping: Pharmacogenomic testing psychotropic medication.

A draft protocol/guideline was distributed, reviewed, and discussed in detail.

Overview: PMAC is being consulted on this issue for guidance regarding the value of pharmacogenomic testing of psychotropic medication. If it is determined there is value then guidance/recommendations are needed regarding how to codify testing procedures, restrictions, parameters, etc. as well as oversight of the process.

Key discussion points and observations/comments included:

-historically, requests for the testing have typically been withdrawn from providers when they are instructed by the Medical Review Board to provide a rationale for the testing

-often testing is requested prior to maximizing of existing dosages.

-testing is sometimes requested mainly because a youth has experienced expectable side effects of the medication

-need for testing should be considered on a case by case basis.

-the usefulness of pharmacogenomic testing in the adult population was questioned, except possibly in the long-term care geriatric population.

-ethical issues with the use of genomics testing in DCF-committed youth were noted.

-patient rights need to be carefully considered.

-the efficacy of SSRI's as it relates to pharmacogenomic testing was discussed.

-questions were raised as to whether pharmacogenomic testing has an actual positive effect on outcomes.

-it was suggested that the MRB's review of all pharmacogenomic testing requests helps prevent unnecessary testing.

-certain critical data needs to be included in requests for pharmacogenomic testing. This should include a complete medical history.

-noted that as of yet there are no professional guidelines or standards of practice regarding psychotropic-related pharmacogenomic testing from major medical societies, including APA or AACAP

-possibility of developing and distributing a Fact sheet or Educational document for providers was discussed.

-the possible role of research was discussed.

-consideration of DCF's basic tenets regarding genetic testing : the need for assessment of the specific benefits to the child;~~,~~ collected material is not to be stored; no results or other patient information may be used for research.

-the current process for pharmacogenomic testing was discussed. Noted it is lengthy.

-noted that there is no mechanism to monitor labs. Propose that if the lab is CLEA licensed then monitoring would not be required.
-liability issues discussed including some possible scenarios.

RECOMMENDATIONS: add to the draft document “This is not considered currently as a standard of care”.
Have all CMCU members review the draft further and send proposed changes to Dr. Rao by 10 March 2017.

~~8.~~7. New Business:

- Review of newer dosage forms for stimulant medications: the exact nature of this review was clarified. A review will be completed and presented at the April 2017 meeting of PMAC.

~~9.~~8. Other topics as time allows. Urine Drug Screening: The practice of obtaining this screening was discussed at length.
-noted this is not a standard throughout DCF.
-when/if this screening is appropriate was discussed.
-MDFT programs routinely include screening as part of the programming.
-whether this screening would be beneficial to be routinely done on all children in certain scenarios, including in emergency rooms, was discussed.
-children’s rights as it relates to this screening are a concern.
-it was asked whether there are any policies regarding this screening and if so do they vary based on clinical setting.
-a specific case was discussed.
-in certain clinical settings, the inability to obtain this test may impact prescribing patterns

RECOMMENDATIONS: no specific recommendations made.

~~10.~~9. Adjournment: 240PM

Respectfully submitted: David S. Aresco, Pharmacist Consultant.