

DCF Psychotropic Medication Advisory Committee
Minutes: November 6, 2015 1:00 PM

Present: Jacqueline Harris, M.D.; Amy J. Veivia, Pharm. D.; Brian Keyes, M.D.; Maureen Evelyn, Parent Advocate; Patricia Cables, APRN; Lin, Chun-Nung, Pharmacy student; David Aresco, Pharmacist; Chris Malinowski, APRN; Margaret Rudin, PhD, APRN; Peiter Joost Van Wattum, M.D; Jennifer Zajac, M.D.; Wolman, Fredericka, M.D.; Kristina Stevens, DCF Administration; Mary Painter, DCF Administration.

1. Call to order: Dr. Harris called the meeting to order at 1:05PM.
2. Set date/time of next meeting: The next meeting is scheduled for December 4, 2015 from 1pm – 2:30pm at 500 Enterprise Drive, Rocky Hill, CT 06067. Please inquire as to room location on 3rd floor upon arrival.
3. Minutes: The minutes of the October, 2105 meeting were review and approved with some minor changes.
4. Announcements: Amy Veivia has been invited to attend the next DMHAS work group meeting regarding Narcan availability/use in the community.

Dr. Wolman gave an update on activities relating to genomic testing. A draft document regarding policies/procedures for genomic testing has been drafted. The plan is to put together a work group to move this process forward and develop a concrete plan. PMAC should guide the discussion regarding genomic testing for psychotropic medications in children and adolescents. Two members of PMAC volunteered to participate in the work group: Maureen Evelyn, parent advocate and Amy Veivia consulting pharmacist. Jacqueline Harris will also participate in the work group as the director of CMCU/PMAC. This issue will be placed on the January 2016 PMAC agenda for an update and further discussion.

5. Mary Painter, Kristina Stevens: Gave a detailed overview of Connecticut Alcohol and Drug Policy. It was noted that there was a recent meeting of the Alcohol and Drug Policy Council and the Governor was in attendance. Several informational handouts were distributed for review and discussion. Highlights of the comprehensive discussion include:
 - At the present time this is considered a very important topic at the Federal and State level.
 - Access to Narcan and the Prescription Monitoring Program are key parts of the strategy being developed.
 - Information on treatment should go hand in hand with Narcan prescribing/distribution.
 - Several state agencies are currently involved including the State Police.
 - There is geo mapped data available showing the distribution of Narcan and the number of Narcan administrations (saves).

- Distribution and administration of Narcan needs to be destigmatized so it is thought of in the same light as Epipen distribution and utilization.
 - Connecticut Valley Hospital, Blue Hills Hospital, and private providers are being encouraged (not required) to include Narcan as part of the discharge plan.
 - Feedback from pediatricians indicates some are opposed to distributing Narcan. This may be an educational issue.
 - A key component to the current plan is to significantly increase the access to Narcan.
 - The concept of easier access to Narcan facilitating drug use behavior was discussed. It was also noted that many lives have been saved with Narcan use in the adult population.
 - 211 services was discussed including the possibility that the public may not be aware of this service.
 - SAMSA grant provides \$500,000 to help with many of the issues discussed. This includes the various services available and how to access them. Training on screening and intervention (including adolescents) for 120 individuals will begin January 2016.
 - Community based services were reviewed and discussed including MST, MDFT, and ACRA/ACC.
 - It was noted that there is currently no recovery support specifically for youth available in CT (noted it has worked well in other states such as MA) although there are recovery supports for adults available.
 - The prevalence of alcohol and drug abuse was discussed. Noted the national average abuse rate is 1/7 and CT is just about at that average. The CT rate noted is an estimate and specific data can be provided to PMAC for better accuracy if requested. Also noted that a large number of children/adolescents experiment with drugs and alcohol but the number with actual substance abuse disorders is low. The line between experimentation and substance abuse is much different now than in the past as evidenced by behavior such as the use of bath salts and synthetic marijuana.
 - The possible role of DCF PMAC was discussed: Jason Gott may be able to provide useful reports.
 - The use of methadone and suboxone for pain in children and adolescents was discussed. It is suspected the utilization is very low. It was suggested that PMAC develop drug use guidelines for these medications. National data could be summarized in a report that the ADPC council may find useful. One month data should be collected and Mary Painter will inform Dr. Harris what data points should be included in the report.
 - It was noted there may be some “apps” available and currently in use related to this subject matter. Maureen Evelyn, Patient Advocate agreed to determine what “apps” are available and report back to the committee.
6. Drugs for consideration to add to the approved drug list. Consideration of the following drugs was deferred indefinitely until there is additional information available about the prescribing patterns in CT.

- Vivitrol
- Naltrexone
- Suboxone
- Methadone
- Oxazepam

7. Medication Therapeutic Class Review:

Antihypertensives; **Prazosin**: will be added to the pregnancy category list. An FDA alert regarding priapism was discussed. Noted no data regarding if this side effect is dose related. No action recommended. Noted the current max recommended dose is 10mg in children >12 year of age. Case reviews support a recommendation to change the maximum dose to 4mg. Max dose recommendation approved.

Propranolol: no changes recommended.

8. DSS benzodiazepine report: April – September 2015: The report was distributed and discussed. The report shows considerably higher use of benzodiazepines. Some details of the report related to patient age and length of therapy were discussed. PMAC requests a report broken down by type of prescriber per drug and further broken down to indicate 1 dose regimens vs. a longer course of therapy. This will be placed on the December 2015 agenda for further evaluation and discussion.

9. Adjournment: 2:35PM