

**DCF Psychotropic Medication Advisory Committee
MINUTES**

October 3, 2014 1:00 PM

Albert J. Solnit Children's Center, Middletown, CT.

Present: Jacqueline Harris, M.D., Chris Malinowski, APRN; Amy Veivia, Pharm. D.; David S. Aresco, Pharmacist, Patricia Cables APRN; Jason Gott, Pharmacist; Brian Keyes, M.D.; Sherrie Sharp, M.D.; Allen Alton, M.D.; Azeem M. Waqar, M.D.; Irvin Jennings, M.D.; Aurele Kamm, APRN; Alana Lee; Margaret Rudin, PhD; Pieter Joost Van Watum, M.D.; Crystal Monlock, Jr1.

1. Call to order: Dr. Harris called the meeting to order at 1:12pm.
2. Set date/time of next meeting: The next meeting is scheduled for November 7, 2014 from 1pm – 2:30pm; Solnit Center AB conference room.
3. Minutes: The minutes of the September 2014 meeting were approved with minor changes.
4. Announcements: Dr. Jennings reported on the activities of the Children's Mental Health Task Force (CMHTF). This task force recently had their final meeting. The CMHTF may not have been aware of the existence of PMAC. CMHTF recommends all issues regarding medication use go through the PMAC to include possible additional funding. Noted that CMHTF is a legislative panel and wants to address issues affecting all children not only DCF committed children. At this time PMAC works only with DCF committed children.

The Guidelines for Psychotropic Medication Use in Children was completed and approved in June 2014. This will be attached to the October 2014 PMAC meeting minutes.

The passing of Dr. Lesley Siegel on 9/25/14 was acknowledged with sadness.

5. Adverse Drug Reaction Reporting (ADR) Policy/Procedure: A flow sheet depicting the proposed new reporting system for suspected ADR's was distributed reviewed and discussed.
 - A two tier reporting system was described and discussed. This reporting system would be used for committed children only. A document describing proposed severity levels for reported ADR's was distributed, reviewed and discussed. Five severity levels are proposed. Assignment of an ADR to a severity level will then determine what tier the ADR will fall in. Level 1 and 2 ADR's will fall into tier 1. Level 3 – 5 ADR's will fall into tier 2. PMAC recommends the wording and details of this two tier system be developed by the ADR Sub-committee. Feedback from the PMAC to the ADR Sub-committee is encouraged. The draft developed by the ADR Sub-

committee would then go to Risk Management for review and then be presented to PMAC. PMAC recommends that tier 1 ADR data be aggregated and reported once or twice a year. Tier 2 ADR's would be reviewed in PMAC during the meeting following receipt of the ADR. Reports will be made to the FDA in accordance with that agency's guidelines.

- PMAC recommends that the new ADR reporting system be integrated into the DCF Risk Management system with two way communication.
 - Anonymous, voluntary reporting was suggested and discussed. Currently the reporting system is not voluntary. It was noted that the FDA reporting process is anonymous. PMAC recommends anonymous and voluntary reporting of suspected ADR's.
 - There was a discussion regarding how to communicate the suspected ADR reporting system to providers. Public relations issues and methods to roll out the new reporting program were discussed. PMAC recommends placing this on the November PMAC meeting agenda.
 - ADR reporting as it relates to allergic reactions was discussed.
 - The use of a disclaimer as is used in the hospital setting was discussed.
6. CMCU Data Review: information showing medication use by drug class was distributed, described and discussed. The denominator used in data analysis was discussed and is the number of requests received. More general data shows that from 2007 to the present the percent of committed children on psychotropic medications dropped from 25% to 18%. The number of children on two or more antipsychotics is very low (9 of 691). This data will be looked at in more detail as part of a DUE. Data on antidepressant use was presented, reviewed and discussed.
7. Antipsychotic DUE update: A meeting took place between Dr. Harris and Lynette Warner, Director of the Office of Research and Evaluations. A proposal has been put forth by ORE and is pending that will allow the Pharmacist Consultants to assist with research and have access to patient data. ORE can help pull detailed data on children <6yrs of age that are on an antipsychotic. The total number of children is 13 with 2 on >1 antipsychotic. PMAC recommends the following data be included if possible: diagnosis, suspected ADR's, target symptomology, neurogenetics. The target date for this report is February. The source of the diagnosis was discussed. This needs to be determined and standardized. Several members of the group questioned the validity of using PSDCRS diagnoses given that their agencies only enter the preliminary diagnoses. Given that PSDCRS is the official source of diagnoses for DCF children, Dr. Harris will

bring this issue to the attention of DCF administration and determine if there is a reasonable alternative for PMAC DUE studies.

A recommendation was made and approved to have systems issues that address the DCF and community interfaces be placed on the November agenda.

ADHD medications was recommended and approved for the next DUE.

8. Category of Medication reviewed: Antihypertensives - Deferred to November
9. Medication reviews: Review recent FDA warnings - Deferred to November
10. New Business: The Access Mental Health - CT program that is designed to assist PCP's was described and discussed. Resource and consultative services are available for children and youth 18 and under Monday - Friday from 9 - 5:00 PM excluding major holidays. Noted that requests must be responded to within 30 minutes. Three hubs (Wheeler, IOL, and Yale) are each responsible for approximately 1/3rd of covered lives. Patients are not required to travel more than one hour when a face-to-face evaluation is required. Providers are being contacted and invited to participate. The initial goal of contacting 80% of providers by November 18th. This goal has already been exceeded and to date >900 providers have signed up to participate. Please visit the web site for more information.
11. Adjournment: 2:47pm