

[Telepsychiatry Project Updates](#)

The Florida Medicaid Drug Therapy Management Program for Behavioral Health has launched a pilot project to improve access to psychiatry services through telepsychiatry in collaboration with pediatric practices throughout Florida and child psychiatry providers at John's Hopkins All Children's Hospital. Three sites—A to Z Pediatrics in New Port Richey, Children's Health of Ocala in Ocala, FL, and North Florida Pediatrics in Lake City, FL—are participating in the pilot project. All three sites have been setup for telepsychiatry services using Skype for Business, have identified patients for consultations, and have begun seeing patients for telepsychiatry consultations at their sites. In July, a total of nine telepsychiatry consultations were completed.

The Program also hosted a dinner meeting with a presentation on common behavioral health conditions seen in primary care for the staff at North Florida Pediatrics. Dr. Nikhil Rao from the University of Florida presented on common behavioral health conditions seen in the primary care setting, such as attention-deficit hyperactivity disorder, oppositional defiant disorder, major depressive disorder, disruptive mood dysregulation disorder, anxiety disorders, and post-traumatic stress disorder.

[FDA Approves New Formulation of Methylphenidate for Attention Deficit-Hyperactivity Disorder \(ADHD\), Dosed at Bedtime to Help Control Early Morning Symptoms of ADHD](#)

There are currently multiple FDA-approved stimulants—both methylphenidate and amphetamine preparations—to control symptoms of hyperactivity and inattention associated with a diagnosis of Attention Deficit-Hyperactivity Disorder (ADHD). Stimulant preparations currently available to treat ADHD are typically dosed in the morning, and no later than early afternoon, to avoid side-effects such as insomnia. However, parents commonly report that the early morning routine before school is “one of the most chaotic times of day.” Although alpha-agonists are dosed at bedtime, there were few currently available medications to control early-morning symptoms of ADHD, until now. In August 2018, Ironshore Pharmaceuticals received FDA-approval for a novel time-delayed formulation of methylphenidate called Jornay PM that is dosed at bedtime to help control early morning symptoms of ADHD.

About Jornay PM:

- Jornay PM is a new oral formulation of methylphenidate FDA-approved for children ages 6 and older
- Jornay PM is dosed at bedtime (at 8:00 p.m., but dosing may be adjusted between 6:30 p.m. and 9:30 p.m.) to provide early-morning control of ADHD symptoms
- According to the manufacturer, two phase-three, randomized, double-blind placebo-controlled studies showed improvement in ADHD symptom severity in the early morning and throughout the day
- The medication is formulated with two coatings that delay the initial release of the drug for up to 10 hours and control the rate of medication release throughout the day

For more information about this newly FDA-approved medication, visit

https://www.medscape.com/viewarticle/900538?nlid=124293_3901&src=wnl_newsart_180810_MSCPEdit&uac=96690FT&impID=1709013&faf=1

Reference: FDA Clears First ADHD Bedtime Medication - *Medscape* - Aug 10, 2018.

[The Opioid Epidemic Continues](#)

Recently, there has been more national and state focus on efforts to curb the opioid epidemic. In May 2017, Florida's governor declared the state's opioid epidemic a public health emergency, followed months later by the President declaring the opioid epidemic a national public health emergency. The Florida legislature has passed laws to make naloxone widely available through a standing order from the State Surgeon General to allow patients who overdose enough time to be transported to the emergency room for further treatment. The Centers for Disease Control has published guidelines for the prescribing of opioids for chronic pain. The Centers for Disease Control and Prevention found that while public health programs to curb the opioid epidemic have had impact in some parts of the country, drug-related overdoses and the opioid epidemic continues to claim lives.

- According to the CDC, from 2015 to 2016, opioid overdose deaths increased 27.7%.
- From July 2016 thorough 2017, a total of 142,557 emergency department visits were suspected opioid-involved overdoses.
- Currently, the CDC reports that there were 69,703 drug-overdose related deaths from January 2017 – January 2018. The full number of drug-overdose related deaths is yet to be released, but is approximated to be 72,000 Americans killed by drug overdose for the 12-month period ending in January 2018.

The CDC also reports that in states that have had major public health campaigns, the number of overdose-related deaths has declined, as has been the case for Massachusetts, Vermont, and Rhode Island, where more potent drugs arrived earlier than in other states. The improvements in overdose-related deaths in these states providing a source for optimism that efforts to combat the opioid epidemic show promising results.

For more information, visit the following links from the CDC:

<https://www.cdc.gov/mmwr/volumes/67/wr/mm6709e1.htm>

<https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

For the New York Times report, visit:

<https://www.nytimes.com/2018/08/15/upshot/opioids-overdose-deaths-rising-fentanyl.html>

[CDC: Pocket Guide for Tapering Opioids for Chronic Pain](#)

The Centers for Disease Control and Prevention has published a pocket guide for tapering opioids for chronic pain. Chronic pain is defined as pain lasting longer than 3 months, or past the time of normal tissue healing, outside of active cancer treatment, palliative care, or end-of-life care. The CDC recommends that tapering plans should go slow, providers should coordinate with specialists and treatment experts as needed, especially for high-risk patients; providers should ensure that patients receive appropriate psychosocial support; and providers should reassure patients as they taper off opioid medications.

For the CDC pocket guide, visit:

https://www.cdc.gov/drugoverdose/pdf/clinical_pocket_guide_tapering-a.pdf