

DCF Psychotropic Medication Advisory Committee
November 2, 2012 1:00PM
Solnit Center for Children, Middletown, CT.
Meeting Notes

Present: David Aresco, RPh; Jason Gott, RPh; Chris Malinowski, APRN; Beth Muller, APRN; Joan Narad, M.D.; Amy Veivia, Pharm.D.; Marissa Ragonesi, Pharm.D. Candidate UNE; Azeem M. Wagar, M.D.; Debra Borwn, M.D.; Patricia Cables, APRN; Jacqueline Harris, M.D.; Margaret Rudin, APRN, PhD.; Fredicka Wolman, M.D.

1. Call to order: The meeting was called to order at 110pm.
2. Set date/time of next meeting: The next meeting is scheduled for December 7, 2012 from 1pm – 2:30pm; Solnit Center AB conference room.
3. October 2012 meeting minutes reviewed and approved with no changes.
4. Announcements: None
5. Old Business:
 - Drug Use Guidelines: recommended changes based on full review.
 - A document outlining recommended changes was distributed reviewed and discussed:
 - Cardiac issues were discussed. A recommendation was made to add a general warning to the guidelines. Amy Veivia will develop wording for this warning and present for review/approval at the next meeting.
 - The proposed changes for SSRI's were approved.
 - The proposed changes for Stimulants and Non-Stimulant ADHD medications were not approved.
 - Maximum dose guideline: A document outlining recommended changes was distributed reviewed and discussed:
 - Risperidone: noted higher acuity level of some children. Use in the hospital setting (Solnit) was discussed as well a cross tapering issues.
 - Development of exception criteria for the CMCU regarding dosing was recommended. Noted that currently CMCU may deny use of a medication based on dose (or other issues) but the medication as already been started; this is then used as criteria to continue. Noted currently there is no negative feedback to those who circumvent the approval process.

- Additional broad system issues were discussed including the possibility to compare Connecticut drug use data with other states.
 - There was discussion regarding the possibility of looking at claims data and setting up various red flag markers. This might include concurrent use of more than 1 antipsychotic, or to identify 60 high-end users of psychotropic medications and then review each case in detail and intervene as needed. This would be similar to the model used for monitoring obesity. A DSS flag for total daily doses of risperidone >3mg was suggested.
 - A recommendation to change the max dose of risperidone to 4mg for children and adolescents was approved.
 - Concerta: a recommendation to change the max dose to 108mg for children and adolescents was discussed. Various pieces of information from the medical literature were presented, reviewed and discussed.
 - The following max dosing recommendation was approved:
 - <6yrs old: do not use
 - 6 – 12yrs old 54mg
 - 13yrs old and older 72mg
 - Venlafaxine (Effexor): Information regarding the dosing of venlafaxine was distributed, reviewed and discussed. A recommendation to NOT use venlafaxine in children and set the max dose in adolescents at 225mg was approved.
6. Drug Information Inquiries (April 2012 – October 2012)
- From DI phone line: Defer
 - From PMAC: Defer
7. Other - defer
8. Adjournment: the meeting was adjourned at 235pm.

Respectfully submitted:
David S. Aresco
Consulting Pharmacist