

DCF Psychotropic Medication Advisory Committee
Monthly Meeting Notes
January 6, 2012 1PM

Riverview Hospital for Children and Youth
Middletown, CT.

PRESENT: David Aresco, Pharmacist; Patricia Cables, APRN; Jacqueline Harris, M.D.; Irving Jennings, M.D.; Aurele Kamm, APRN; Lesley Siegel, M.D.; Amy Veivia, Pharmacist; Chris Malinowski, APRN; Beth Muller, APRN; Joan Narad, M.D.; Margaret Rudin, APRN, Ph.D.; Azeem M. Wagar M.D.; Debra Brown, M.D.; Alton Allen, M.D.; Tina Spokes, R.N.; Chris Carnaroli, Pharm.D. Candidate (guest).

1. Call to order: Dr. Siegel called the meeting to order at 1:10pm.
2. Set date/time of next meeting: The next meeting is scheduled for February 3, 2012 from 1pm – 2:30pm; RHCY AB conference room.
3. Minutes: Approved.
4. Announcements: The APRN CMCU position has been approved and posted. This is a 37.5hr/week position.
5. New Business:
 - Maximum dose guideline haloperidol: Research information regarding maximum dosing was distributed and discussed. This included efficacy at different doses, various studies, University of Illinois dosing guidelines, and side effects. It was noted that the CMCU has sometimes approved up to 20 mg/day for 12-17 year olds. PMAC recommends that the maximum doses be approved as presented (see attached- 6 mg for children, up to 15 mg for adolescents).
 - Maximum dose guideline venlafaxine: Information was presented and discussed. There were 2 studies presented. Discussion included weight gain vs. weight loss, treatment for depression and/or anxiety, inpatient vs. outpatient prescribing, dosing and 2D6, suicidal thoughts with venlafaxine, and currently prescribed doses. PMAC recommends that the maximum dose be approved as presented (see attached- 50 mg-225 mg depending on weight).
 - Drug Use Guideline revision lamotrigine: recommended changes to the guidelines reviewed, discussed and approved (see attached).
 - Possible addition to the approved drug list: Clonidine ER (Kapvay); A formulary monograph was distributed, reviewed, and discussed. Topics included: advantages of less frequent dosing, the drug has FDA approval for ADHD and familiarity with the IR formulation.

6. Drug Information Inquiries (November – December 2011)
 - a. Follow-up from previous meeting: Review of current DCF PMAC position statement on melatonin: 5 articles were distributed, reviewed and discussed. The meaning of “USP Verified” was described and discussed. Lists of USP verified products can be found via the Internet. Noted that there is an increased use of melatonin at RVH and in the outpatient setting as a safe first choice for insomnia. A discussion with Meir Kryger, MD (sleep expert who gave Grand Rounds at RVH in November 2011) was reviewed with the following key points:
 - i. Ramelton use discussed.
 - ii. Use of melatonin is a reasonable and safe first step.
 - iii. Start dose should be 3mg and max dose is 9mg for insomnia.
 - b. CMCU scope discussed; noted this may open the door to the need to review many other non-traditional OTC therapies.
 - c. Noted that families and patients may prefer to start with non-prescription natural product with fewer side effects.
 - d. Safety and purity of various formulations discussed.
 - e. Logistics and workload discussed: suggest sending USP list of melatonin products to regional APRN's and keep approval at the regional level. Noted that regional approval can take as long as 3 weeks.
 - f. Noted that patients have access to melatonin and other OTC products anyway.
 - g. Suggested that 6mg should be the max dose.
 - h. PMAC advises that melatonin should be added to the approved drug list with a maximum daily dose of 6mg. A section should be added to the Drug Use Guidelines regarding precautions and monitoring with melatonin given concerns mentioned above. .
7. Report on Drug Information Inquiries for November – December 2011: A total of 4 drug information questions were presented and briefly discussed. No actions recommended.
8. Adjournment: Dr. Siegel adjourned the meeting at 2:55pm.

Respectfully Submitted;
David S. Aresco, RPh, FASCP