

**DCF Psychotropic Medication Advisory Committee  
Monthly Meeting Notes**

July 11, 2008, 1:00PM  
Riverview Hospital for Children and Youth  
Middletown, CT.

PRESENT: Janet Williams M.D., DCF Medical Director; David S. Aresco, Pharmacist Consultant; Carlos A. Gonzalez M.D. IPP; Jacqueline Harris MD, DCF Western Regional Medical Director; Chris Malinowski DCF CO, Amy J. Veivia Pharm.D. Pharmacist Consultant; Irv Jennings M.D., FCA; Lesly Siegel M.D., DCF Regional Medical Director; Aurele Kamm APRN, DCF CO; James Gusfa M.D., RVHCY; Beth Muller APRN, UConn; Alton Allen M.D. RVH and HM; Waqar Azeem M.D. RVHCY; Curtis Harmon APRN, DCF CO.

1. Call to order: Dr. Siegel called the meeting to order at 1:10 pm.
2. Set date/time of next meeting: The next meeting is scheduled for September 5, 2008 from 1-3PM; RHCY AB Conference Room.

**NO MEETING IN AUGUST**

3. Announcements:
  - ❑ New Committee Member: James Gusfa M.D., RVHCY. Welcome!
4. Minutes: The minutes of the April 4, 2008 PMAC were reviewed and approved with the following change.
  - ❑ Spelling of Vyvance. To be corrected to Vyvanse.
  - ❑ Chris Malinowski DCF CO.
  - ❑ Fredericka Wolman M.D., Director Pediatrics DCF.
  - ❑ Item 6: change to BMI, BP, and Pulse.
5. Review of Medication Guidelines/Protocols:
  - ❑ Anti-hypertensives/Antidepressants: The protocol was distributed reviewed and discussed in detail.
    - ❑ The pos and cons of Ht/Wt vs. BMI monitoring was discussed at length. Recommendation: obtain a HT/Wt and BMI for ALL meds with this requirement.
    - ❑ Nortriptyline: recommend adding Therapeutic Level.
    - ❑ Recommend reviewing Cymbalta and Effexor at the September meeting for possible addition to the Approved Drug List.
    - ❑ Recommend a document be put together detailing the medications considered for addition to the Approved Drug List but rejected. Rationale to be included and the document will be added as an addendum to the Approved Drug List. Recommend the document be presented at the September meeting for review and approval.
  - ❑ A maximum dosing guideline was distributed reviewed and discussed in detail.
    - ❑ SSRI dosing guideline mimics the Texas algorithm. The remainder of the antidepressant dosing guideline will be completed for review at the September meeting.

- ❑ Recommend changing max dose for Celexa from 40mg/day to 60mg/day for children and adolescents. Recommend further investigation and reporting back to the committee before a decision is made.
    - ❑ Recommend changing the max dose of Seroquel for adolescents from 600mg/day to 800mg/day. Max dose for children to remain 600mg/day.
    - ❑ Recommend providing references in the dosing guidelines.
    - ❑ There was discussion regarding increasing the max dose of Zyprexa for adolescents from 20mg/day to 30mg/day. This led to a general consensus that the FDA recommended max dose for adults should be taken into consideration; for example FDA max adult dose for Zyprexa is 20mg/day. The FDA max adult dose should be considered for all meds in the DCF guidelines. Recommend keeping max Zyprexa dose for adolescents at 20mg/day pending review of data and evidence regarding the safety and efficacy of higher doses in adolescents.
  - ❑ All recommendations endorsed/approved.
6. Discussion Re a State-wide Pediatric Psychopharmacology Conference.
- ❑ The sub-committee did not formally meet. There were some informal discussions that took place. The Sub-committee plans to meet and present a report in September.
7. Article Review:
- ❑ Article distributed regarding Accutane and depression.
    - ❑ After review and discussion the Committee recommends no actions be taken.
    - ❑ Article distributed regarding medications for ADHD.
      1. Chris Malinowski summarized the article.
      2. Stimulants were discussed in detail including effects on growth and weight, cardio function, BP and HR.
      3. Several other issues including the need for EKG discussed. The discussion led to a recommendation to change EKG to “if clinically indicated” for all classes for medication for consistency. After further discussion EKG will be required for Lithium and Tricyclics but the Typical will have EKG “if clinically indicated”.
  - ❑ All recommendations approved.
8. Other:
- ❑ The issue of Psychiatrists prescribing Metformin was discussed. This is an issue as it is difficult to obtain an Endocrinology consultation. After discussion a suggestion was made to utilize a Primary Care Pediatrician vs. Endocrinologist to prescribe this medication. The committee recommends obtaining clinical information on Metformin (indications, dosing, SE’s, ADR’s, etc.) and the criteria for use of this medication in pre-metabolic syndrome. There is not support for Psychiatrists prescribing this preventatively for children taking weight-increasing psychotropic medications. Further discussion will continue at a future meeting when the clinical information is available and a PMAC pediatrician is present.
9. Adjournment: Dr. Siegel adjourned the Committee at 2:45PM.

Respectfully Submitted:  
David S. Aresco