

DCF Psychotropic Medication Advisory Committee
Meeting Minutes
March 06, 2020, 1:00 PM

PRESENT: Amy Veivia, PharmD; Alton Allen, MD; David Aresco RPh; Paul Rao, MD; Dielka Brutus, APRN; Beth Muller, APRN; Margaret Rudin, APRN; Nicole Taylor, MD; Roumen Nikolov, MD, Carlos Gonzalez, MD, Pamela Hetherington, MD.

1. The meeting was held in conference room A. Dr. Rao called the meeting to order at 1:04pm.
2. The next meeting is scheduled for April 03, 2020 from 1pm – 2:30pm at Albert J. Solnit Children’s Center 915 River Rd Middletown CT, A Building, Conference Rm A. A Journal Club CME will be arranged.
3. The minutes of the February 2020 meeting were reviewed and approved.
4. Announcements:
 - Dr. Rao plans to present CMCU data around obesity at the April Meeting.
5. Medication Therapeutic Class Review:
 - Lithium and Anticonvulsants. CME objectives were presented and discussed. The changes made at the last review of this class of medication were reviewed in detail.
 - i. Evidence for use in trauma-derived aggression was researched and it was found that there was little evidence available. It was noted there may be an older study available regarding lithium for aggression and/or oppositional defiant disorder/conduct disorder. This will be researched for presentation at a future PMAC meeting.
 - ii. Drug level monitoring was discussed at length. It was noted there are ample references in the literature but most are “academic” in nature and do not translate well to clinical practice. Three indications for drug level monitoring were presented and discussed.
 1. Reaching and maintaining optimal dose.
 2. Patient safety; toxicity concerns with narrow therapeutic range.
 3. Patient specific reasons such as age/renal function etc.
 4. Noted that drug levels do not necessarily predict efficacy. It was noted that lithium levels are a predictor for toxicity.
 5. Noted that levels are a useful tool to assess compliance.
 - iii. The dose response relationship of these medications was researched and discussed in detail. Essentially equivalent for children and adults for this class of medication with the exception of lamotrigine which has a lower response in children than an equivalent adult dose.
 - iv. Collecting calcium levels prior to lithium therapy was briefly discussed.
 - v. The recommended maximum lithium serum level of 1.2Meq/L was reviewed and discussed.

- vi. The utilization of lithium and clozapine combination therapy was discussed. It was noted that subtherapeutic levels of lithium can be sufficient to boost neutrophil counts while on clozapine.
 - vii. The consequences of long-term lithium therapy were discussed. It was noted that the risks increase with increasing age of the patient.
 - viii. A recommendation to make labs optional for subtherapeutic levels at the discretion of CMCU was briefly discussed but not approved.
 - ix. Valproic acid: PCOS was briefly discussed. A. Veivia will review literature and forward findings to committee.
 - The following recommendations were made and approved: Note that other than the recommended changes below, PMAC decided that the Guidelines are in good standing and seem to be where they should be.
 - i. Change “Monitor for sexual activity” to “Ongoing assessment for pregnancy risk”.
 - ii. Use the mandatory baseline labs from the 465 to update mandatory labs in guidelines.
6. Old Business:
- Form 465 Medication Request Form: There was lengthy discussion about ways to simplify the visual presentation in the form of the documentation of the monitoring studies. These included potentially adding drop down boxes so that labs are drug specific, and adding a space for whether an assessment of pregnancy risks was done.
 - AAP Clinical report. “Children Exposed to Maltreatment: Assessment and the role of Psychotropic Medication”: This will be discussed as a journal club presentation next month.
7. Other as time allows: NONE
8. Dr. Rao adjourned the meeting at 2:45PM.

Respectfully submitted: David S. Aresco Consulting Pharmacist