Medication Audit Criteria and Guidelines Revised March, 2006

-- INDEX -

The audit criteria and guidelines are developed for use in the treatment of psychiatric conditions and not medical conditions.

| Drug Audit Checklist | Description |
|-------------------------|--|
| 1. | CARBAMAZEPINE (TEGRETOL®) |
| 2. | LAMOTRIGINE (LAMICTAL®) |
| 3. | LITHIUM (ESKALITH®, LITHOBID®, ESKALITH CR®, etc.) |
| 4. | OXCARBAZEPINE (TRILEPTAL®) |
| 5. | TOPIRAMATE (TOPAMAX®) |
| 6. | VALPROIC ACID (DEPAKENE®), DIVALPROEX SODIUM (DEPAKOTE®) |
| 7. | VERAPAMIL (CALAN®, ISOPTIN®) |
| 8. | BENZODIAZEPINES alprazolam (Xanax®), chlordiazepoxide (Librium®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), Oxazepam (Serax®), temazepam (Restoril®), triazolam (Halcion®), Clonazepam (Klonopin®) |
| 9. | BUSPIRONE (BUSPAR®) |
| 10. | AMOXAPINE (ASENDIN®) |
| 11. | BUPROPION (WELLBUTRIN® and WELLBUTRIN® SR) |
| 12. | MIRTAZAPINE (REMERON®) |
| 13. | MONOAMINE OXIDASE INHIBITORS phenelzine (Nardil®), tranylcypromine (Parnate®) |
| 14. | NEFAZODONE (SERZONE®) |
| 15. | SSRIs: CITALORPAM (CELEX®), FLUOXETINE (PROZAC®), SERTRALINE (ZOLOFT®), PAROXETINE (PAXIL®), FLUVOXAMINE (LUVOX®) |
| 16. | TRAZODONE (DESYREL®) |
| 17. | TRICYCLIC ANTIDEPRESSANTS amitriptyline (Elavil®), desipramine (Norpramin®, Pertofrane®), doxepin (Sinequan®), imipramine (Tofranil®), maprotiline (Ludiomil®), nortriptyline (Pamelor®, Aventyl®), protriptyline (Vivactil®), trimipramine (Surmontil®) |
| 18. | VENLAFAXINE (EFFEXOR® and EFFEXOR® ER) |
| 19. | ANTIPSYCHOTICS chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), molindone (Moban®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®) |
| 20. | ANTIPSYCHOTICS mesoridazine (Serentil®)thioridazine (Mellaril®) |
| 21. | CLOZAPINE (CLOZARIL®) |
| 22. | DECANOATES fluphenazine decanoate (Prolixin® Decanoate), haloperidol decanoate (Haldol® Decanoate) |

| Drug Audit Checklist | Description |
|-------------------------|---|
| 23. | RISPERIDONE (RISPERDAL®), OLANZAPINE (ZYPREXA®), QUETIAPINE (SEROQUEL®), ZIPRASIDONE (GEODON®) |
| 24. | SEDATING ANTIHISTAMINES diphenhydramine HCL (Benadryl®), hydroxyzine HCL (Atarax®) |
| 25. | ZALEPLON (SONATA®) |
| 26. | ZOLPIDEM (AMBIEN®) |
| 27. | BETA-BLOCKERS propranolol (Inderal®), atenolol (Tenormin®), metoprolol (Lopressor®), nadolol (Corgard®) |
| 28. | CLOMIPRAMINE (ANAFRANIL®) |
| 29. | GABAPENTIN (NEURONTIN®) |
| 30. | NALTREXONE (REVIA®) |
| 31. | STIMULANTS methylphenidate (Ritalin®, Concerta TM), dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine mixture (Adderall®) |
| 32. | DULOXETINE (CYMBALTA®) |

Drug Audit Checklist 1

| | Drug rudit cheemist 1 | | | | | | | | | | |
|-------------------|-----------------------------|---|--|---|------|--------|--|-------|----------------|--------|--|
| Revi | iewer | : | | | | Date: | | | | | |
| Clas | ss: | | | | | | | | | | |
| Dru | g: ca | ırban | <u>nazepine (Tegre</u> | etol®) | | | | | | | |
| Aud | lit# | | | | Con | nments | | | Requ Phys.R | | |
| Patie | ent# | | | | | | | | Yes | No | |
| Orde | ering | Physi | cian | | | | | | | | |
| 1 | | | | | | | | | | | |
| 01 | 1. C | yclic 1 | mood disorders | | | | | | | | |
| AT | 2. A | ggres | sive behavior seco | ondary to a psychiatric disorder | | | | | | | |
| INDICATIO | 3.Cl | nronic | Pain | | | | | | | | |
| N | 4. Acute mania | | | | | | | | | | |
| | | | | | | | | I | | | |
| Contraindications | Absolute | 1. History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or tricyclic antidepressants. | | | | | | | | | |
| icati | | 1. H | istory of blood dys | scrasias | | | | | | | |
| indi | | 2 1/ | Iyoclonic seizure, a | | | | | | | | |
| ıtra | tive | 3. A | V heart bock | | | | | | | | |
| Coi | Relative | 4. H | istory of bone mar | row-suppression | | | | | | | |
| | , | | regnancy/nursing r | | | | | | | | |
| | | | | clozapine (Clozaril®) | | | | | | | |
| | | | | | | | | | ı | I | |
| | eters | | = | baseline and 1 to 2 weeks after d as clinically indicated. | | | | | | | |
| ITORING | oring Parameters | | epatic function pa as clinically indicate | nel and electrolytes; baseline ated. | | | | | | | |
| OR | ring | | | s clinically indicated. | | | | | | | |
| PATIENT MONIT | Patient Monito | 4. C | arbamazepine Lev | els – 3-4 weeks after dose | | | | | | | |
| I L | ent 1 | _ | stment, then as clin | • | | | | | | | |
| IE | atie | | al therapeutic leve | r the lab used should be listed on | | | | | | | |
| AT | P | | report. | the lab used should be listed on | | | | | | | |
| I | 50 | | e with food to avo | id stomach unsat | | | | | | | |
| | Dosing | | | mulary for dosage guidelines. | | | | | | | |
| | De | Sec | DSIIS/DADS I OI | inulary for dosage guidennes. | | | | | | | |
| | | • | | | | | | | | | |
| Date | Date Referred Date Reviewed | | | | Comm | ents | | Physi | ician's Sig | nature | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ∆ddi+i | onal C | Comme | ente: | | | | | | | | |
| MILL | .mai C | ~~ | | | | | | | | | |
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Drug Audit Checklist 2

| Revi | ewer: | | | | Date: | | | |
|-------------------|--|---------------------------------------|---|---------|-------|-----------------|-------------------------|--|
| Clas | s: | | | | | | | |
| Drug | g: lamotri | gine (Lamictal@ | ®) | | | | | |
| Aud | it# | | | Comment | CS . | | Requires Phys.Review | |
| Patie | ent# | | | | | Yes | No | |
| Orde | ering Physi | cian | | | | | <u> </u> | |
| INDICATIONS | 1. Cyclic | mood disorders | | | | | | |
| Contraindication | losq seve | | etic reaction and similarly ersensitivity to medication | | | | | |
| Contra | 1. Pregnancy/nursing mothers 2. Age less than 16 years of age. | | | | | | | |
| ATIENT MONITORING | Patient Monitoring Parameters | 2. Hepatic Function and as clinically | ion Test – baseline, yearly | | | | | |
| PATIEN | Dosing | dosage guideline | aximum dosage must be | | | | | |
| Date | Referred | Date Reviewed | | Comm | nents | Physician's Sig | gnature | |
| | | | | | | | | |
| Addition | onal Comme | ents: | | | | | | |
| | | | | | | | | |

Drug Audit Checklist 3

| Rev | iewer | | | | | |
|--------------------|-----------------------|--|---------|---|------------------|------------------|
| Clas | ss: | | | | | |
| Dru | g: litl | hium (Eskalith®, Lithobid®, Eskalith Cr®, et | tc.) | | | |
| Aud | 1:444 | | Comment | | D _a , | avies s |
| Auc | 111# | | Comment | 5 | | quires Review |
| Pati | ent# | | | | Yes | No |
| Ord | ering | Physician | | | | |
| 70 | 1.0 | li | | | | |
| INDICATIONS | | yclic mood disorder ugmentation of antidepressant therapy | | | | |
| AT | | ggressive behavior secondary to a psychiatric | | | | |
| DIQ | diso | | | | | |
| | | cute mania | | | | |
| | 0) | | | | 1 | |
| | Absolute | 1. History of anaphylactic reaction or similarly | | | | |
| ons | Abs | severe significant hypersensitivity to the medication prescribed. | | | | |
| | | Cardiovascular disease | | | | |
| catic | | Severe dehydration | | | | |
| indi | | 3. Goiter or hypothyroidism | | | | |
| Contraindications | Relative | 4. Psoriasis | | | | |
| Co | Rel | 5. Pregnancy/nursing mothers | | | | |
| | | 6. Renal insufficiency | | | | |
| | | 7. Hyperparathyroidism | | | | |
| | | 8. Concomitant use of diuretics | | | | |
| | | 1 EVC (mandatam for assume harding | | | | |
| | | 1. EKG (mandatory for everyone – baseline, yearly and as clinically indicated) | | | | |
| | | 2. CBC – baseline, yearly and as clinically | | | | |
| <u>G</u> | Monitoring Parameters | indicated | | | | |
| RIN | ame | 3. Thyroid studies – baseline; then TSH every 6 | | | | |
| ITO | Paı | months and as clinically indicated | | | | |
| NO. | ring | 4. BUN, creatinine, glucose and electrolytes; | | | | |
| TM | nito | baseline and as clinically indicated. | | | | |
| PATIENT MONITORING | | 5. UA – baseline and as clinically indicated. | | | | |
| PAT | Patient | 6. Pregnancy Test – as clinically indicated. | | | | |
| | Pa | 7. Lithium Levels – one week after initiation or | | | | |
| | | dosage change, and as clinically indicated. | | | | _ |
| | | 8. Calcium and phosphate, in children under 12, prior to initiation and as clinically indicated. | | | | |

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|--------------------------|----------|------|--|--------------------------------|----------|---|-------|-------------|---------------|
| Dru | g: lith | ium | (Eskalith®, Lit | thobid®, Eskalith Cr®, et | tc.) | | | | |
| | ent# | | • | | | | | | |
| Ord | ering F | hysi | cian | | | | | | |
| | 1 | 1 | | | | | | 1 | |
| nt. | | Tal | ke with food to av | oid stomach upset. | | | | | |
| Patient Monitoring Cont. | Dosing | | e DSHS/DADS Di delines. | rug Formulary for dosage | | | | | |
| | Q | | ceptions to maxim tified as per medic | um dosage must be cation rule. | | | | | |
| | | | | | | T | | | |
| Date | e Refer | red | Date Reviewed | | Comments | | Physi | ician's Sig | <u>nature</u> |
| | | | | | | | | | |
| | | | | | | | | | |
| Additi | ional Co | omme | ents: | | | | | | |
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Drug Audit Checklist 4

| | Drug: oxcarbazepine (Trileptal®) | | | | | | | | | | |
|------|----------------------------------|-----------------|--|--|--|--|--|--|--|--|--|
| | Requ Phys.R | uires Review | | | | | | | | | |
| | Yes | No | | | | | | | | | |
| | | <u> </u> | | | | | | | | | |
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| Phys | ician's Sig | nature | | | | | | | | | |
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| | Phys | Phys.R | | | | | | | | | |

Drug Audit Checklist 5

| Revi | iewer: | | | | Date: | | | |
|--------------------|-------------------------------------|--|---|----------|-------|--|----------------|--------|
| Clas | s: | | | | | | | |
| Drug | g: topiram | ate (TOPAMAX) | ®) | | | | | |
| Audi | it# | | | Comment | :S | | Requ Phys.R | |
| Patie | ent# | | | | | | Yes | No |
| Orde | ering Physic | cian | | <u> </u> | | | | |
| INDIC | 1. Cyclic 1 | mood disorders | | | | | | |
| Contraindications | V preso | 1 D | | | | | | |
| ONITORING | Patient Monitoring Parameters | function, hepatic bicarbonate - bas indicated. | adies including renal c function and serum seline, and as clinically est - as clinically indicated. | | | | | |
| PATIENT MONITORING | Dosing | See DSHS/DAD dosage guideline | OS Drug Formulary for es. aximum dosage must be | | | | | |
| Date | e Referred | Date Reviewed | | Comm | nents | Physic | cian's Sig | nature |
| | | | | | | | | |
| Additio | onal Comme | :nts: | | | | | | |
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Drug Audit Checklist 6

| D | | | | ъ. | | | |
|--------------------|--|---|-----------|-------|---|----------------|-------|
| | iewer: | | | Date: | | | |
| Clas | ss: | | | | | | |
| Dru | g: val | proic acid (Depakene®), divalproex sodium | (Depakote | e®) | | | |
| Aud | 1:+# | | Comment | to. | | Dagu | ·imaa |
| Aud | 111# | | Comment | ıs | | Requ Phys.R | |
| Pati | ent# | | | | | Yes | No |
| Ordering Physician | | | | | | | |
| | ı | | _ | | | | |
| S | 1. Cy | velic mood disorders | | | | | |
| [0] | 2. A | ggressive behavior secondary to a psychiatric | | | | | |
| CA | diso | rder | | | | | |
| INDICATIONS | 3. Cl | nronic Pain | | | | | |
| | 4. A | cute mania | | | | | |
| | | | | | | | |
| | Absolut | 1. History of anaphylactic reaction or similarly | | | | | |
| us | Abs | severe significant hypersensitivity to the medication prescribed. | | | | | |
| Contraindications | | Hepatic disease/impairment | | | | | |
| ndic | - | Blood dyscrasias, clotting disorders or | | | | | |
| frai | tive | concomitant drugs that alter clotting function | | | | | |
| Con | Relative | (aspirin, non-steroidal anti-inflammatory drugs, | | | | | |
| | | warfarin, heparin, low molecular weight heparins, clopidogrel etc.) | | | | | |
| | | 3. Pregnancy/nursing mothers | | | | | |
| | 1 | 1 | 1 | | · | | 1 |
| | ers | 1. CBC – with differential and platelet count – | | | | | |
| | met | baseline than 1 to 2 weeks after each dosage increase, and as clinically indicated. | | | | | |
| ITORING | Parameters | 2. Hepatic function panel – baseline and as | | | | | |
| | 5.0 | clinically indicated. | | | | | |
| PATIENT MON | torii | 3. Pregnancy Test – baseline and as clinically indicated. | | | | | |
| Z | [oni | 4. Valproci acid level – 1-2 weeks after | | | | | |
| TE | ıt M | initiation and dosage change, then as clinically | | | | | |
| PA' | Patient Monitorin | indicated. 5. Serum creatinine and BUN at baseline and as | | | | | |
| | P | clinically indicated. | | | | | |

| g: va | lproi | c acid (Depaken | ne®), divalproex sodium | (Depakote®) | | | |
|---------|---------------------------|--|--|--|--|--|--|
| | - L | | | | | Yes | No |
| ering [| Physi | cian | | | | | |
| Dosing | See guid | DSHS/DADS For lelines. eptions to maximu | mulary for dosage m dosage must be justified | | | | |
| e Refe | rred | Date Reviewed | | Comments | Phy | sician's Sig | nature |
| | | | | | | | |
| | | | | | | | |
| ional C | Comme | ents: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | ent# ering guiso e Refe | ent# ering Physical Take See guide Exce as possible Referred | Take with food to avoid See DSHS/DADS For guidelines. Exceptions to maximulas per medication rule | Take with food to avoid stomach upset. See DSHS/DADS Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. | Take with food to avoid stomach upset. See DSHS/DADS Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. EReferred Date Reviewed Comments | ent# ering Physician Take with food to avoid stomach upset. See DSHS/DADS Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. EReferred Date Reviewed Comments Physician P | ering Physician Take with food to avoid stomach upset. See DSHS/DADS Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Exceptions to maximum dosage must be justified as per medication rule. Physician's Signature of the properties of the prop |

Drug Audit Checklist 7

| Diag Main Checking / | | | | | | | | | | | |
|-----------------------------|--------------|--------------------------|-------------------------------------|---|-------|-------------|---------------------------------------|--------------------|----------------|------|--|
| Rev | iewer | : _ | | | | Date: | | | | | |
| Clas | ss: | | | | | | | | | | |
| Dru | g: ve | rapai | mil (Calan®, Iso | optin®) | | | | | | | |
| Aud | it# | | | | Comme | ents | | | Requ Phys.R | | |
| Patio | ent# | | | | | | | | Yes | No | |
| | | Physic | cian | | | | | | | | |
| | | | | | | | | | 1 | · | |
| INDICA | 1. C | Cyclic 1 | mood disorders | | | | | | | | |
| | - | | | | | | | | <u> </u> | | |
| | | seve | | ctic reaction and similarly ersensitivity to medication | | | | | | | |
| | | 2. Se | evere left ventricul | lar dysfunction. | | | · · · · · · · · · · · · · · · · · · · | | | | |
| Contraindications | olute | 3. H | iogenic shock. | ic pressure <90 mm Hg) or | | | | | | | |
| | Absolute | Tunc | tioning artificial v | e (except in patients with a entricular pacemaker). | | | | | | | |
| traind | | with | a functioning arti | V block (except in patients ficial ventricular pacemaker). | | | | | | | |
| Con | | | an accessory bypa | flutter or artrial fibrillation ss tract (Wolff-Parkinson- | | | | | | | |
| | <i>o</i> , | 1. H | epatic function im | pairment | | | | | | | |
| | Relative | 2. R | enal impairment | • | | | | | | | |
| | Rel | J | ardiac conduction | disturbances not outlined in ions | | | | | | | |
| | | | 1 Prognancy To | st – as clinically indicated. | | | | | | | |
| ING | ıt | ing ters | | er Function Test – baseline | | | | | | | |
| ITOR | Patient | Monitoring Parameters | | th initial dosing and with any | | | | | | | |
| MON | | P V | | ne year prior to initiation of | | | | | | | |
| PATIENT MONITORIN | ing | | | S Drug Formulary for dosage | | | | | | | |
| PA | Dosing | | Exceptions to ma justified as per m | aximum dosage must be nedication rule. | | | | | | | |
| Date | D of o | | Dote Dordomed | | C | 4 | | Dl | iniania Sia | 4 | |
| Date Referred Date Reviewed | | | | Comm | ents | | Pnys | <u>ician's Sig</u> | nature | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Additi | onal C | Comme | ents: | | | | | | | | |
| | | | | | | | | | | | |
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Medication Audit Criteria and Guidelines **Drug Audit Checklist 8**

| Rev | eviewer: Date: | | | | | | | | |
|-------------------|---------------------------|------------------------------------|--|--|---------------|------------------|--|--|--|
| Clas | ss: | | | | | | | | |
| | | | | ide (Librium®), clorazepate (Tranxene®), on the control of the con | | lium®), | | | |
| Aud | lit# | | | Comments | | juires Review | | | |
| Patio | ent# | | | | Yes | No | | | |
| Ord | ering Physi | cian | | | | | | | |
| | 1 Anviots | disorders | | | | | | | |
| | 2. Panic d | | | | | | | | |
| | | y associated with o | depression | | | | | | |
| SNC | - | | atment of insomnia | | | | | | |
| INDICATIONS | | e hypnotic withdr | | | | | | | |
| | 6. Akathis | | | | | | | | |
| | | | itation/violent behavior | | | | | | |
| | | | - adjunctive or second line | | | | | | |
| | therapy | | | | | | | | |
| | 9. Alcoho | l/substance abuse | withdrawal | | | | | | |
| Contraindications | 4 1. H | | | | | | | | |
| ain | 1. P | regnancy/nursing | mothers | | | | | | |
| onti | Relative 7. N | Iyasthenia gravis | | | | | | | |
| C | 3. S | evere COPD | | | | | | | |
| | | | | | | 1 | | | |
| T | Patient Monito ring | 1. Pregnancy Te | st – as clinically indicated | | | | | | |
| PATIEN | Dosing | See DSHS/DAD guidelines. | S Drug Formulary for dosage | | | | | | |
| | Ď | Exceptions to majustified as per n | aximum dosage must be nedication rule. | | | | | | |
| Date | e Referred | Date Reviewed | | Comments | Physician's S | ignature | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Additi | dditional Comments: | | | | | | | | |
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Drug Audit Checklist 9

| Revi | iewer: | | | | Date: | | | |
|-------------------|-----------------------|---|--|---------|-------|-----|----------------|-----------------|
| Clas | | | | | | | | |
| Dru | g: buspi | rone (Buspar®) | | | | | | |
| Aud | it# | | | Comment | S | | Requ Phys.R | iires Review |
| Patie | | | | | | | Yes | No |
| Orde | ering Phy | vsician | | | | | | |
| 70 | 1. Anxi | ety Disorder | | | | | | |
| TIONS | 2. Aggr | ressive behavior | | | | | | |
| INDICATIONS | 3. Self | injurious behavior | | | | | | |
| I | 4. Augr | mentation for resistar | nt depression | | | | | |
| | <i>e</i> . | *** | | | | | | |
| Contraindications | los se | History of anaphyla evere significant hype edication prescribed | | | | | | |
| raindi | 1 | Hepatic function im | | | | | | |
| Con | 2. Renal impairment | | | | | | | |
| C | 70 | 8 1 D | | 1 | | | 1 | <u> </u> |
| TIENT MONITORING | Patient Monitoring | 1. Pregnancy Tes | st – as clinically indicated | | | | | |
| (T MO) | | | S Formulary for dosage | | | | | |
| PATIEN | Dosing | Exceptions to ma justified as per m | aximum dosage must be nedication rule. | | | | | |
| Date | Referred | d Date Reviewed | | Comm | ents | Phy | sician's Sig | nature |
| | | | | | | | | |
| | | | | | | | | |
| Additi | onal Com | ments: | | | | | | |
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Drug Audit Checklist 10

| Pov | iewer | • | | | | Date: | | |
|--------------------|---------------------------|---------------|--|--|---------|-------|-----------------|---------|
| Clas | | • | | | | Date. | | |
| | | | · (A 1: @) | | | | | |
| Dru | g: am | <u>10xa</u> ţ | oine (Asendin®) | | | | | |
| Aud | it# | | | | Comment | s | Requ Phys.F | |
| Patie | ent# | | | | | | Yes | No |
| Orde | ering l | Physic | cian | | | | | |
| INDICA | 1. De | epress | ion with psychotic | e features | | | | |
| Contraindications | Absolute | seve | re significant hype ication prescribed. | etic reaction or similarly rsensitivity to the | | | | |
| Contrai | Relative | 1. Pı | regnancy/nursing 1 | mothers | | | | |
| PATIENT MONITORING | Dosing Patient Monitoring | Parameters | 2. Pregnancy test 3. Screening for movements using to initiation, six to clinically indicate See DSHS/DAD dosage guideline | S Drug Formulary for ss. | | | | |
| Date | Refer | rred | Date Reviewed | | Comm | ents | Physician's Sig | gnature |
| Additi | onal C | Comme | ints: | | | | | |

Drug Audit Checklist 11

| Revi | iewer | : | | | | Date: | | | |
|-------------------|--|-------------|--|------------------------------|---------|-------|--------|----------------|--------|
| Clas | s: | | | | | | | | |
| Dru | g: bu | prop | ion (Wellbutrin | ® and Wellbutrin® SR) | | | | | |
| Aud | it# | | | | Comment | S | | Requ Phys.R | |
| Patie | | | | | | | | Yes | No |
| Orde | ering | Physic | cian | | | | | | |
| SNO | 1. D | epress | sive Disorder | | | | | | |
| INDICATIONS | 2. A | ttenti | on deficit hyperac | tivity disorder | | | | | |
| IND | 3. Nicotine Dependence | | | | | | | | |
| Contraindications | Absolute | seve med | re significant hypeication prescribed. | | | | | | |
| indic | 2. Anorexia nervosa and bulimia 3. Diagnosis of a seizure disorder | | | | | | | | |
| ontra | | | | re disorder | | | | | |
| CC | Relative | 1. N | one | | | | | | |
| ONITORING | NITORING Patient Monitoring Decomposite | | 1. Pregnancy Te | st – as clinically indicated | | | | | |
| PATIENT MON | Dosing | | dosage guideline | aximum dosage must be | | | | | |
| Date | Refe | rred | Date Reviewed | | Comm | ents | Physic | cian's Sig | nature |
| | | | | | | | | | |
| | | | | | | | | | |
| Addition | onal C | Comme | ents: | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Drug Audit Checklist 12

| Revi | iewer: | | | | | Date: | | |
|--------------------|-----------------------|---|------------------|---|---------|-------|-----------------|--------|
| Clas | ss: | | | | | | | |
| Dru | g: mir | <u>tazapiı</u> | ne (Remeron | B) | | | | |
| Aud | it# | | | | Comment | S | Requ Phys.R | |
| Patie | ent# | | | | | | Yes | No |
| Orde | ering P | hysician | 1 | | | | | |
| ONS | 1. De ₁ | pressive | Disorders | | | | | |
| INDICATIONS | 2. Ins | somnia | | | | | | |
| lications | psoj | | ignificant hyper | tic reaction and similarly rsensitivity to medication | | | | |
| Contraindications | 1. Pregnancy/nursi | | nancy/nursing r | nothers | | | | |
| NITORING | Patient Monitoring | Patient Monitoring Parameters 1. Pregnancy Te | | et – as clinically indicated. | | | | |
| PATIENT MONITORING | Dosing | do Ex | osage guidelines | ximum dosage must be | | | | |
| | | ju | stified as per m | edication rule. | | | | |
| Date | Referr | red D | ate Reviewed | | Comm | ents | Physician's Sig | nature |
| | | | | | | | | |
| Additi | onal Co | omments: | <u> </u> | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Drug Audit Checklist 13

| | | Diugit | dan once | | | |
|-------------------|----------|--|--------------|---------------------------|----------------|----|
| Rev | iewer | : | | Date: | | |
| Cla | ss: | | | | | |
| Dru | ıg: M | onoamine Oxidase Inhibitors – phenelzine (N | Nardil®), tı | ranylcypromine (Parnate®) | | |
| | | <u> </u> | 1 | | | |
| Auc | lit# | | Comment | S | Requ Phys.R | |
| Pati | ent# | | | | Yes | No |
| | | Physician | | | | |
| | | | · | | | |
| AT. | 1. D | epressive Disorders | | | | |
| INDICAT | 2. P | anic Disorders | | | | |
| 1 | 3. A | nxiety Disorders | | | | |
| | 1 | | 1 | | | |
| | | 1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the | | | | |
| | | medication prescribed. | | | | |
| | | 2. Pheochromocytoma | | | | |
| | | 3. Congestive heart failure | | | | |
| | Absolute | 4. Concomitant use of another monoamine oxidase inhibitor | | | | |
| | Abs | 5. Concomitant use with meperidine | | | | |
| tions | | 6. Concomitant use with SSRIs, buspirone, or venlafaxine | | | | |
| Contraindications | | 7. Concomitant use of pressor amines (e.g., ephedrine, phenylpropanolamine, pseudoephedrine) | | | | |
| Con | | 8. Stimulants | | | | |
| | | 1. Impaired renal function | | | | |
| | | 2. Severe hepatic disease | | | ļ | |
| | tive | 3. Pregnancy/nursing mothers | | | | |
| | Relative | 4. Hyperthyroidism | | | | |
| | | 5. Concomitant use of tricyclic antidepressant, methyladopa, dopamine, levodopa, selegiline, | | | | |

Drug Audit Checklist Revised March, 2006

dextromethorphan

Drug Audit Checklist 13 Page 2

| Dru | g: Mon | oamine Oxidase I | nhibitors – phenelzine (N | Vardil®), | Drug Audit Cl | hecklist 13 | } |
|--------------------|----------------------------------|---|---|-----------|---------------|------------------------|---------------|
| tran | ıylcypr | omine (Parnate®) | | | | | |
| Patie | | | | | | Yes | No |
| | | ysician | | | | | |
| 0.20 | | -, | | 1 | | u. | |
| <u> </u> | | | | | | | |
| ING | Patient Monitoring Parameters | and renal functions; | s with emphasis on hepatic baseline, yearly and as during prolonged or high | | | | |
| OR | Mc | 2. Pregnancy test – a | as clinically indicated. | | | | |
| PATIENT MONITORING | Patient Pa | dosage adjustments | t baseline and during and as clinically indicated. for the lab used should be | | | | |
| PATI | Dosing | - | Orug Formulary for dosage | | | | |
| | D | Exceptions to maxing justified as per med | mum dosage must be ication rule. | | | | |
| | | | | | | | |
| Date | e Referre | ed Date Reviewed | | Comments | P | <u>'hysician's Sig</u> | <u>nature</u> |
| | | | | | | | |
| | | | | | | | |
| Additi | onal Cor | nments: | | | | | |
| | | | | | | | |
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| | | | | | | | |

Drug Audit Checklist 14

| Revi | iewer: | | | | Date: | | |
|-------------------|----------------------------------|---|---|---------|-------|-----------------|--------|
| Clas | | | | | Dutet | | |
| | | odone (Serzone® |) | | | | |
| | | | , | 1 | | | |
| Aud | it# | | | Comment | S | Requ Phys.R | |
| Patie | ent# | | | | | Yes | No |
| Orde | ering Phy | sician | | | | | |
| | | | | | | | |
| INDICA | 1. Depre | essive Disorder | | | | | |
| Z | | | | | | | |
| | | | | T | | | |
| 70 | 1. | History of anaphyla vere significant hyp | actic reaction or similarly | | | | |
| tions | | edication prescribed | | | | | |
| Contraindications | ` 2. | Patients who were | | | | | |
| rain | 1 | razodone because o Pregnancy/nursing | f evidence of liver injury. | | | | |
| Cont | Relative | r regnancy/nursing | modicis. | | | | |
| | Rel | | | | | | |
| | | | | | | | |
| | guj | 1. Pregnancy tes | st – as clinically indicated. | | | | |
| NG | Patient Monitoring Parameters | | Γ – baseline, at 1, 2, 4, 6 | | | | |
| OR | ent Monitor Parameters | | then annually and as ted. Stop drug is AST or | | | | |
| IIN | ient Para | ALT levels are 3 | 3 times (or greater) the | | | | |
| TENT MONITORING | Pati | upper limit of no | ormal. | | | | |
| INE | | See DSHS/DAD | OS Drug Formulary for | | | | |
| PATII | ing | dosage guideline | | | | | |
| \mathbf{P}' | Dosin | Exceptions to m | aximum dosage must be | | | | |
| | | justified as per r | | | | | |
| Date | e Referred | Date Reviewed | | Comm | ents | Physician's Sig | nature |
| | | | | | | | |
| | | | | | | | |
| Additi | onal Com | ments: | | | | | |
| | | | | | | | |
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| | | · | | | · · | - | |

Drug Audit Checklist 15

| | | | | Drug A | uait Checi | alist 15 | | | |
|--------------------|---|------------|---------------------------------|------------------------------|------------|--------------------|-----------------------|---------------|-----------------|
| Rev | iewer: | | | | | Date: | | | |
| Clas | ss: | | | | | | | | |
| | | | italorpam (CE LUVOX®) | LEXA®), fluoxetine (PF | ROZAC®) | , sertraline (ZOLO |)FT®), paroxeti | ne (PAXIL | ®), |
| | | | | | | | Requires ys.Review | | |
| Pati | ent# | | | | | | | Yes | No |
| Ordering Physician | | | | | | | | | |
| | 1 D | | D' 1 | | | | | | |
| | | | ve Disorder re-Compulsive Di | aandan | | | | | |
| SZ | 3. Pan | | - | sorder | | | | | |
| [IO] | | | isorder | | | | | | |
| CA1 | | _ | rious Behavior | | | | | | |
| INDICATIONS | | | eal Phase Disord | er | | | | | |
| Ι | | | | Ci | | | | | |
| | 8. Soc | | <u>Disorder</u> | | | | | | |
| | 0.500 | lai Fi | порта | | | | | | |
| Contraindications | 1. History of anaphylactic reaction or similar severe significant hypersensitivity to the medication prescribed. 2. Concurrent administration of MAOI (or within 14 days of receiving citalopram, sertraline, paroxetine or fluvoxamine; or within 35 days of receiving fluoxetine). | | | | | | | | |
| ontr | | | vere hepatic func | tion impairment | | | | | |
| Ď | Relative | 2. Sev | vere renal function | on impairment | | | | | |
| | 2 | 3. Sei | zure disorder or | history of seizure disorder | | | | | |
| PATIENT MONITORING | Patient Monitoring | Parameters | 1. Pregnancy Te | st – as clinically indicated | | | | | |
| PATIENT MO | Dosing | | dosage guideline | aximum dosage must be | | | | | |
| | | | | | ~ | | | | |
| Date | e Referr | ed | Date Reviewed | | Comm | ents | | Physician's S | <u>ignature</u> |
| | | | | | | | | | |
| | | | | | | | | | |

Drug Audit Checklist 15 Page 2

| Drug: SSRIs: citalorpam (CELEXA®), fluoxetine (PROZAC®), sertraline (ZOLOFT®), paroxetine (PAXIL®), fluoxamine (LUVOX®) | | | | | |
|---|----------|--------|------|--|--|
| Patient# | Comments | Requ | ires | | |
| | | Phys.R | | | |
| | | Yes | No | | |
| Ordering Physician | | | | | |
| Additional Comments: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Drug Audit Checklist 16

| Revi | iewer: | | | | Date: | | | |
|---------------------------|-------------------------------------|---|---|---------|-------|---|-----------------|--------|
| Clas | ss: | | | | | | | |
| Dru | g: trazod | one (Desyrel®) | | | | | | |
| Aud | it# | | | Comment | s | | Requ Phys.R | |
| Patie | ent# | | | | | | Yes | No |
| Orde | ering Phys | ician | | | | | | |
| CATI | 1. Depressive Disorders 2. Insomnia | | | | | | | |
| INDIC | 2. Insom | nia | | | | | | |
| PATIENT Contraindications | Absolute sev | ere significant hype dication prescribed Recovery Phase of n Pregnancy/nursing | or nefazodone nyocardial infarction mothers | | | | | |
| PAT | Dosing | dosage guideline | aximum dosage must be | | | | | |
| Date | e Referred | Date Reviewed | | Comm | ents | I | Physician's Sig | nature |
| Additi | onal Comm | nents: | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Drug Audit Checklist 17

| Rev | iewer: | | Date: | | |
|--------------------|----------------------------------|--|--|-------------------------|----------|
| Clas | ss: | | | | |
| Dru dox | g: TRIC | CYCLIC ANTIDEPRESSANTS – amitri inequan®), imipramine (Tofranil®), ma ne (Vivactil®), trimipramine (Surmontil®) | protiline (Ludiomil®), nortriptyline (Pa | | |
| Aud | lit# | | Comments | Requires Phys.Review | |
| Pati | ent# | | | Yes No | |
| Ord | ering Phy | vsician | | | |
| | | | | | ٦ |
| | _ | essive Disorders c Disorders | | | - |
| S | | | | | - |
| INDICATIONS | | nia nervosa ntion deficit hyperactivity disorder | | | - |
| CAT | | tional enuresis | | | |
| ĬQN | | ety disorders | | | |
| 1 | | nic Pain | | | |
| | 8. Insor | nnia | | | _ |
| | 9. Obse | ssive – Compulsive Disorder | | | ╝ |
| Contraindications | Absolute 5: | History of anaphylactic reaction or similarly were significant hypersensitivity to the edication prescribed Recovery phase of myocardial infarction Pheochromocytoma | | | |
| ప్ | Relative 1. | Pregnancy/nursing mothers | | | |
| 7 h | Patient Monitoring Parameters | 1. EKG – baseline and as clinically indicated | | | |
| N | ient Monitor Parameters | 2. Pregnancy test – as clinically indicated | | | \dashv |
| ror | nt M aran | 3. Blood levels as clinically indicated. Therapeutic ranges for the lab used should | | | |
| INC | atier Pa | be listed on the report. See Antidepressant | | | |
| MON | Ā | Table in content DSHS/DADS Drug | | | |
| EN | | Formulary Book. | | | _ |
| PATIENT MONITORING | Dosing | See DSHS/DADS Drug Formulary for dosage guidelines. | | | |
| | [| Exceptions to maximum dosage must be justified as per medication rule. | | | |

Drug Audit Checklist 17 Page 2

| doxepin (Sin | equan®), imipr | | line (Elavil®), desipramine tiline (Ludiomil®), nortrip | | | |
|------------------|----------------|---|--|-------|-------------|---------------|
| Patient# | | | | | Yes | No |
| Ordering Physi | cian | | | | | |
| Date Referred | Date Reviewed | | Comments | Physi | ician's Sig | <u>nature</u> |
| | | | | | | |
| | | | | | | |
| Additional Comme | ents: | | | | | |
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| | | | | | | |
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| • | • | • | · | | | |

Drug Audit Checklist 18

| Rev | iewer: | | | | Date: | | |
|-----------------------------|--|--|---|----------|-------|-------------|---------------------|
| Clas | | | | | | | |
| | | xine (Effexor® | and Effexor® ER) | | | | |
| Aud | lit# | | | Comments | S | | equires s.Review |
| Pati | ent# | | | | | Yes | |
| Ord | ering Physic | cian | | | | | |
| Z | 1. Depress | sive Disorder | | | | | |
| INDICATION | - | on deficit hyperac | tivity disorder | | | | |
| DIC | 3. Anxiety | y Disorder | | | | | |
| Z | 4. Chronic | e Pain | | | | | |
| ONITORING Contraindications | ### Several Se | re significant hypication prescribed heochromocytoma oncomitant use of bitor. npaired renal functive hepatic disease regnancy/nursing typerthyroidism prescribed by the prescribed heochromocytoma and the prescribed heochromocytoma for the prescribed heochromocy | monoamine oxidase tion ase mothers tory of hypertension t – as clinically indicated. | | | | |
| PATIENT MONI | Dosing | dosage guideline | aximum dosage must be | | | | |
| | ļ | Justificu as pet II | icacanon fuit. | | | | <u> </u> |
| Date | e Referred | Date Reviewed | | Comm | ents | Physician's | Signature |
| | | | | | | | |
| Additi | ional Comme | ents: | | | | | |

Drug Audit Checklist 19

| Rev | iewer | • | Date: | | |
|-------------|--------------|---|----------|-------------------------|--|
| Cla | ss: | | | | |
| Dru | g: Αλ | TIPSYCHOTICS | | | |
| | | nazine (Thorazine®), fluphenazine (Prolixin®), haloperizine (Trilafon®), thiothixene (Navane®), trifluoperazine | | indone (Moban®), | |
| Aud | lit# | | Comments | Requires Phys.Review | |
| Patient# | | | | Yes No | |
| Ord | ering | Physician | | | |
| INDICATIONS | psy- | Disorders with psychotic symptoms (schizophrenia, izoaffective disorder, manic disorders, depression with chotic features, drug-induced psychosis, psychosis ociated with other organic conditions) | | | |
| | | Tourette's disorder (haloperidol only) | | | |
| | | Personality disorders – schizotypal, paranoid and derline | | | |
| | | Acute and/or short term use for management of ressive or violent behavior | | | |
| | 5. \$ | Stereotypes | | | |
| | | | | , | |
| | Absolute | History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication | | | |
| | A | 2. Severe CNS depression | | | |
| | | 1. Pregnancy/nursing mothers | | | |
| cations | | History of drug-induced agranulocytosis or leukopenia | | | |
| | | 3. Breast Cancer | | | |
| Contraindi | <i>e</i> | 4. History of neuroleptic malignant syndrome | | | |
| Con | Relative | 5. Narrow angle glaucoma (for chlorpromazine) | | | |
| | Re | 6. Impaired hepatic function | | | |
| | | 7. Prostatic hypertrophy (for chlorporamazine) | | | |
| | | 8. Parkinson's disease | | | |
| | | Severe cardiovascular diseases, including certain conduction disturbances | | | |

Drug Audit Checklist 19 Page 2

| Drug: ANTIPSYCHOTICS chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), molindone (Moban®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®) | | | | | |
|--|-------------------------------|---|----------|-------------------------|----|
| | ent # | , perpnenazme (1maion®), unounxene (Navane®), ui | Comments | Requires Phys.Review | |
| Ord | ering P | hysician | | Yes | No |
| PATIENT MONITORING | Patient Monitoring Parameters | 1. Pregnancy test – as clinically indicated. 2. BMI measurement – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated and quarterly when the antipsychotic dose is stable. 3. Fasting plasma glucose level or hemoglobin A _{1c} – before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly. 4. Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl. 5. Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly. If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly. 6. Prolactin level – if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly. 7. EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase. 8. Tardive dyskinesia evaluation – every 6 months. | | | |
| | | For high risk patients (including the elderly), every 3 months. | | | |

Drug Audit Checklist 19 Page 3

| chlo | rproma | | uphenazine (Prolixin®), haloperion®), thiothixene (Navane®), tri | idol (Haldol®), loxapine (Loxitane®), molindone | 2 | |
|---------|--------------------|---|---|---|-----------------------|--------|
| Patie | | <u>perpnenazme (1111a10</u> | <u>М®), (ШОШІХЕНЕ (19ачансю), и г</u> | Comments | | Review |
| Orde | eri <u>ng P</u> l | hysician | | | Yes | No |
| PATIENT | Patient Monitoring | experienced a change specifically ask about vision – yearly. 10. Ocular evaluation | ire – ask whether the patient has in vision and should the distance vision and blurry and blurry and patients older ery 2 years for younger patients. | | | |
| | Dosing | guidelines. | rug Formulary for dosage num dosage must be justified as | | | |
| | Date eferred | Date Reviewed | | Comments | Physiciar Signatur | |
| | | | | | | |
| Addit | ional C | Comments: | | 1 | | |
| | | | | | | |

Drug Audit Checklist 20

| Rev | iewer | : | Date: | | | | |
|---|-------------|---|-----------------|--|----------|----|--|
| Clas | ss: | | · | | | | |
| Dru | g: AN | TIPSYCHOTICS mesoridazine (Serentil®), thiorida | ine (Mellaril®) | | | | |
| | | | | | | | |
| Aud | lit# | | Comments | | Requires | | |
| | | | | | Phys.R | | |
| | ent# | | | | Yes | No | |
| Ordering Physician | | Physician | | | | | |
| 1. Schizophrenia, refractory (failed other classes of antipsychotics) | | | | | | | |
| | | | | <u>, </u> | | - | |
| | | History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication. | | | | | |
| | | 2. Severe CNS depression | | | | | |
| | | 3. QTc > 450 msec | | | | | |
| | | 4. Hypomagnesemia | | | | | |
| | ute | 5. Hypokalemia | | | | | |
| | Absolute | 6. Retinitis Pigmentosa | | | | | |
| suc | , | 7. Concomitant use of other drugs known to prolong QTc interval | | | | | |
| icati | | 8. Known heart disease | | | | | |
| raind | | 9. Personal history of syncope | | | | | |
| Contraindications | | 10. Family history of sudden death at an early age (under age of 40 years) | | | | | |
| | | 11. Congenital long QT syndrome | | | | | |
| | | 1. Pregnancy/nursing mothers | | | | | |
| | | 2. History of drug induced agranulocytosis or leukopenia | | | | | |
| | ve. | 3. Breast cancer | | | | | |
| | Relative | 4. History of neuroleptic malignant syndrome | | | | | |
| | R | 5. Narrow angle glaucoma | | | | | |
| | | 6. Impaired hepatic function | | | | | |
| | | 7. Prostatic hypertrophy | | | | | |
| | | 8 Parkinson's disease | | | | | |

Drug Audit Checklist 20 Page 2

| Drug: ANTIPSYCHOTICS Mesoridazine (Serentil®), thioridazine (Mellaril®) | | | | | |
|---|-------|--|----------|-----------------------|----|
| Patie | ent# | | Comments | Requ | |
| | | | | | |
| 0.1 | . , | DI | | Yes | No |
| Orde | ering | Physician | | | |
| | | 1. Pregnancy test – as clinically indicated. 2. BMI measurement – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated and quarterly when the antipsychotic dose is stable. 3. Fasting plasma glucose level or hemoglobin A _{1c} – before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly. 4. Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl. 5. Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly. If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly. 6. Prolactin level – if there is evidence of | Comments | Requ Phys.R Yes | |
| | | galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly. 7. EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase. 8. Tardive dyskinesia evaluation – every 6 months. For high risk patients (including the elderly), every 3 | | | |
| | | months. 9. Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly. | | | |

Drug Audit Checklist 20 Page 3

| Dru | g: AN | TIPSYCHOTICS | | | | | |
|-------|---|---|--|----------|---------|---------|--|
| mes | mesoridazine (Serentil®), thioridazine (Mellaril®) | | | | | | |
| Patie | ent# | | | Comments | | equires | |
| | | | | | * | .Review | |
| | | | | | Yes | No | |
| Orde | ering P | Physician | | | | | |
| | | | s – yearly for patients older than years for younger patients. | | | | |
| | 11. Serum potassium level – baseline, every six months and as clinically indicated. | | | | | | |
| | | 12. Serum magnesium level – baseline and as clinically indicated (especially if potassium level is low). See DSHS/DADS Drug Formulary for dosage guidelines. | | | | | |
| | Dosing | | | | | | |
| | | Exceptions to maxim per medication rule. | um dosage must be justified as | | | | |
| | Date | Date | | Comments | Physici | | |
| K | eferre | d Reviewed | | | Signat | ure | |
| | | | | | | | |
| Addit | ional (| Comments: | 1 | | | | |
| | | | | | | | |
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| | | | | | | | |

Drug Audit Checklist 21

| Rev | iewer | : | | Date: | | |
|--------------------|---------------|--|------|-------|-----------------------|------|
| Clas | 70. | | | | | |
| | | ozapine (Clozaril®, Fazaclo®) | | | | |
| Diu | 5. C10 | zapine (Ciozarno, Fazacioo) | | | | |
| Aud | it# | | Comn | nents | Regi | ires |
| 7144 | ııı | | Comm | icito | Requires Phys. Review | |
| Patient# | | | | Yes | No | |
| Ordering Physician | | | | | | |
| | | | | | 1 | |
| | | or use in patients with refractory schizophrenia or | | | | |
| | | zoaffective disorder, defined as failure on two osychotics from two different chemical families given | | | | |
| INDICATIONS | | sychotics from two different chemical families given sufficient time (6-12 weeks) at a sufficient dose (1000 | | | | |
| | | day of chlorpromazine equivalents). | | | | ļ |
| | | or use in schizophrenic or schizoaffective patients who | | | | |
| | | not tolerate other antipsychotics. | | | | |
| | | sychosis associated with other organic conditions, (who | | | | ļ |
| | | e failed two antipsychotics, or who cannot tolerate | | | | |
| 1 | | r antipsychotics) [anic disorders with psychosis (in patients who have] | | | | |
| | | d two antipsychotics) | | | | |
| | | eduction in the risk of recurrent suicidal behavior in | | | | |
| | patie | ents with schizoaffective disorder | | | | |
| | | | | | | |
| | | 1. History of anaphylactic reaction or similarly severe | | | | |
| | | significant hypersensitivity to the medication prescribed | | | | |
| | | 2. Myeloproliferative disorders | | | | |
| | 2) | 3. History of clozapine-induced agranulocytosis or | | | | |
| | Absolute | severe granulocytopenia | | | | |
| | Absc | 4. Uncontrolled epilepsy | | | | |
| | 7 | 5. Severe CNS depression | | | | |
| S | | 6. Paralytic ileus | | | | |
| tions | | 7. Concomitant us of agents that may cause bone | | | | |
| lica | | marrow suppression, including carbamazepine (Tegretol®, Carbatrol®, Equetro®) | | | | |
| Contraindicatio | | 1. History of drug induced agranulocytosis or | | | | |
| ntra | | leukopenia | | | | |
| \mathbf{C}_{0} | | 2. Breast cancer | | | | |
| | | 3. History of neuroleptic malignant syndrome | | | | |
| | 9, | 4. Narrow angle glaucoma | | | | |
| | Relative | 5. Impaired hepatic function | | | | |
| | Re | 6. Prostatic hypertrophy | | | | |
| | | 7. Parkinson's disease | | | | |
| | | 8. Severe cardiovascular diseases | | | | |
| | | 9. History of seizure | | | | |
| | | 10. Diabetes Mellitus | | | | |

Drug Audit Checklist 21 Page 2

| Dru | Drug: clozapine (Clozaril®, Fazaclo®) | | 1 | | |
|--------------------|---------------------------------------|--|----------|----------------|--------|
| Patie | ent# | | Comments | Requ | |
| | | | | Phys. F | |
| | | | | Yes | No |
| Ord | ering P | hysician | | <u> </u> | |
| PATIENT MONITORING | Patient Monitoring Parameters | 1. CBC as indicated by guidelines established by the manufacturer. 2. Pregnancy Test – as clinically indicated 3. BMI measurement – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated and quarterly when the antipsychotic dose is stable. 4. Fasting plasma glucose level or hemoglobin A _{1c} – before initiating a new antipsychotic, then yearly. If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly. 5. Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl 6. Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance - yearly If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly. 7. Prolactin level – if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory - yearly. 8. EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a | | Phys. F Yes | Review |
| | | first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose | | | |
| | | increase | | | |

Drug Audit Checklist 21 Page 3

| Dru | g: clozapin | e (Clozaril®, Faza | aclo®) | | | |
|--------------------------------|---|---|--|----------|----------|--------------|
| Patie | ent# | | | Comments | Rec | uires |
| | | | | | Yes | Review No |
| Orde | ering Physic | cian | | | | |
| | | · | | I | 1 | + |
| | rameters | months. | nesia evaluation – every 12 | | | |
| | Pa | elderly), every 6 | tients (including the months. | | | |
| Patient Monitoring - Continued | Patient Monitoring Parameters Continued | 10. Vision questhe patient has evision and shou | stionnaire – ask whether experienced a change in ld specifically ask about and blurry vision – yearly | | | |
| | Patient | older than age 40 younger patients | | | | |
| | See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be | | es. | | | |
| Pa | | | medication rule. | | | |
| | D ate | Date | | Comments | Physicia | 1-a |
| | Date eferred | Reviewed | | Comments | Signatu | |
| | ciei i eu | Revieweu | | | Signan | 116 |
| | | | | | | |
| | | | | | | |
| | | l | | | l | |
| Addit | ional Comi | ments: | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Drug Audit Checklist 22

| Rev | iewer | • | 1 | Date | ٠. | | | | | |
|---|---|--|--------|-------|---------|---------|-----------|---------|------|-------|
| | | • | | Dau | • | | | | | |
| Clas | | ECANOATES | | | | | | | | |
| | _ | ECANOATES | ما طمم | | to (IIa | പം വരുന | vaamaata) | | | |
| Πup | fluphenazine decanoate (Prolixin® Decanoate), haloperidol decanoate (Haldol® Decanoate) | | | | | | | | | |
| Aud | lit# | | Comn | nents | | | | | Requ | iires |
| | | | | | | | | Phys.Re | | |
| | ent# | | | | | | | | Yes | No |
| Ord | Ordering Physician | | | | | | | | | |
| 1. Chronic psychotic disorder requiring prolonged parenteral treatment. | | | | | | | | | | |
| | | | | | | | | | | |
| ns | Absolute | History of anaphylactic reaction and similarly severe hypersensitivity to medication prescribed or structurally related medication. | | | | | | | | |
| | | 2. Severe CNS depression | | | | | | | | |
| ation | | 1.Pregnancy/nursing mothers | | | | | | | | |
| Contraindications | | History of drug induced agranulocytosis or leukopenia. | | | | | | | | |
| ont | tive | 3. Breast Cancer | | | | | | | | |
| 0 | Relative | 4. History of neuroleptic malignant syndrome. | | | | | | | | |
| | Ì | 5. Impaired hepatic function. | | | | | | | | |
| | | 6. Parkinson's disease. | | | | | | | | |
| | | | | | | | | | | |
| | | 7. Severe cardiovascular diseases. | | | | | | | | |
| | | Pregnancy test – as clinically indicated. | | | | | | | | |
| Ŋ | ters | 2. BMI measurement – when a new antipsychotic is initiated, at every visit (monthly for inpatients) 6 months after the new antipsychotic is initiated, and quarterly when the antipsychotic dose is stable. | | | | | | | | |
| ITORIN | g Parame | 3. Fasting plasma glucose level or hemoglobin $A_{\rm le}$ – before initiating a new antipsychotic, then yearly. | | | | | | | | |
| PATIENT MONITORING | Patient Monitoring Parameters | If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly. | | | | | | | | |
| | Patie | 4. Lipid screening [total cholesterol, low-and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if LDL level is > 130 mg/dl. | | | | | | | | |

| Drug: DECANOATES Fluphenazine decanoate (Prolixin® Decanoate), haloperidol decanoate (Haldol® Decanoate) | | | | | | | | | | | |
|--|--|---|---|---|------------------------------------|-----------|---------|--------|--|--|--|
| Patie | | 21110 | deculionie (11) | mani Decundate), naroperio | doi decamonte (Mandoi e Becamonte) | Y | Zes . | No | | | |
| | ring P | hysi | cian | | | | | | | | |
| | - | | | | | | | | | | |
| | ned | gal libi - ye If a ass (qu star | actorrhea/gynecor ido disturbance or early. a patient is receiving ociated with prolational parterly for inpatienting an antipsychological. | nquiry – inquire for evidence of mastia, menstrual disturbance, erectile/ejaculatory disturbance and an antipsychotic known to be ctin elevation, then at each visit nts) for the first 12 months after otic or until the medication dose | | | | | | | |
| nued | ters - continued | 6. gal | actorrhea/gynecor | rly. here is evidence of nastia, menstrual disturbance, erectile/ejaculatory - yearly. | | | | | | | |
| | galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory - yearly. 7. EPS Evaluation (examination for rigidity, tremor akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or untithe dose has been stabilized and weekly for 2 weeks after a dose increase. 8. Tardive dyskinesia evaluation – every 6 months. For high risk patients (including the elderly), every | | | | | | | | | | |
| PATIENT MONITORING | Patient M | | • | n evaluation – every 6 months. Ints (including the elderly), every | | | | | | | |
| PAT | | has spe | experienced a cha | aire – ask whether the patient ange in vision and should t distance vision and blurry | | | | | | | |
| | | tha | | ns – yearly for patients older ery 2 years for younger | | | | | | | |
| | Dosing | gui | idelines. | Drug Formulary for dosage | | | | | | | |
| | | per | medication rule. | | | | | | | | |
| Date | Referi | ed | Date Reviewed | | Comments | Physician | ı's Sig | nature | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Additio | nal Co | mme | ents: | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

Drug Audit Checklist 23

| Rev | iewer | : | Dat | e: | | | |
|-------------------|----------|--|----------|---------|-------------|----------------|------|
| Clas | | | | | | | |
| Dru | L | RISPERIDONE (RISPERDAL®, RISPERDAL CO | | | (ZYPREXA®), | QUETL | PINE |
| (SE | ROQI | <u> YEL®), ZIPRASIDONE (GEODON®), AND ARIPIPRA</u> | ZOLE (AI | BILIFY) | | | |
| | | | I | | | | |
| Aud | lit# | | Comment | ts | | Requ Phys.R | |
| Pati | ent# | | | | | Yes | No |
| | | Physician | | | | | |
| | l | | <u> </u> | | | 1 | i |
| SZ | | Disorders with psychotic symptoms (schizophrenia, zoaffective disorder, manic disorders, depression with | | | | | |
| | | chotic features, drug-induced psychosis, psychosis | | | | | |
| CAJ | asso | ciated with other medical conditions) | | | | | |
| INDICATIONS | | evere aggression secondary to a psychiatric disorder | | | | | |
| | | elf Injurious Behavior secondary to a psychiatric rder | | | | | |
| ! | | | <u>'</u> | | | _ <u>'</u> | |
| | | 1. History of anaphylactic reaction and similarly | | | | | |
| | | severe significant hypersensitivity to medication prescribed | | | | | |
| | | 2. Severe CNS depression | | | | | |
| | ıte | 3. Known or suspected clinically significant QTc | | | | | |
| | Absolute | prolongation | | | | | |
| | Ab | 4. For ziprasidone - Recent myocardial infarction, uncompensated congestive heart failure or when other | | | | | |
| ons | | drugs are being used that also prolong the QT interval | | | | | |
| cati | | such as (not complete list) quinidine, dofetilide, | | | | | |
| indi | | pimozide, sotalol, thioridazine, moxiflocin, and sparfloxacin | | | | | |
| Contraindications | | Pregnancy/nursing mothers | | | | | |
| Col | | 2. History of drug induced | | | | | |
| | | agranulocytosis or leukopenia | | | | | |
| | ive | 3. Breast cancer | | | | | |
| | Relative | 4. History of neuroleptic malignant syndrome | | | | | |
| | K | 5. Impaired hepatic function | | | | | |
| | | 6. Parkinson's disease | | | | | |

Drug Audit Checklist Revised March, 2006

7. Severe cardiovascular diseases

Drug Audit Checklist 23 Page 2

| Drug: | RISPERIDONE | (RISPERDAL®, | RISPERDAL | CONSTA®), | OLANZAPINE | (ZYPREXA®), | QUETIA | PINE | | | | |
|--|-------------|--------------|-----------|-----------|------------|-------------|--------|------|--|--|--|--|
| (SEROOUEL®), ZIPRASIDONE (GEODON®), AND ARIPIPRAZOLE (ABILIFY) | | | | | | | | | | | | |
| Patient# | ! | • | | • | • | | Yes | No | | | | |
| Orderin | g Physician | | | | | | | | | | | |

| Orac | ering i | Pnysician | | |
|---------------------|-------------------------------|---|--|---|
| | | | | |
| | | 1. Pregnancy test – as clinically indicated | | |
| | | | | |
| | | 2. BMI measurement – when a new antipsychotic is | | |
| | | initiated, at every visit (monthly for inpatients) for 6 | | |
| | | months after the new antipsychotic is initiated and | | |
| | | 1 0 | | |
| | | quarterly when the antipsychotic dose is stable. | | |
| | | 3. Fasting plasma glucose level or hemoglobin A _{1c} – | | |
| | | before initiating a new antipsychotic, then yearly. | | |
| | | | | |
| | | If a patient has significant risk factors for diabetes and | | |
| | | | | |
| | | for those that are gaining weight – before initiating a | | |
| | | new antipsychotic, 4 months after starting an | | |
| | | antipsychotic, and then yearly. | | |
| | | 4. Lipid screening [total cholesterol, low and high- | | |
| | | density lipoprotein (LDL and HDL) cholesterol, and | | |
| | | | | |
| | | triglycerides] – Every 2 years or more often if lipid | | |
| | | levels are in the normal range, every 6 months if the | | |
| | | LDL level is > 130 mg/dl | | |
| | | 5. EKG – before initiating treatment with ziprasidone | | |
| | | • • | | |
| | Š | (Geodon®) and subsequently if the patient | | |
| رح | ter | demonstrates symptoms (e.g., syncope) associated with | | |
| Ž | ne | QT interval prolongation. | | |
| PATIENT MONITORING | Patient Monitoring Parameters | 6. Sexual function inquiry – inquire for evidence of | | |
| 9 | a | galactorrhea/gynecomastia, menstrual disturbance, | | |
| | g F | | | |
| | ii. | libido disturbance or erectile/ejaculatory disturbance - | | |
| ¥ | 0r | yearly | | |
| | nit | | | |
| Z | T 0 | If a patient is receiving an antipsychotic known to be | | |
| Ξ | <u> </u> | associated with prolactin elevation, then at each visit | | |
| | eni | | | |
| \mathbf{P}_{ℓ} | ati | (quarterly for inpatients) for the first 12 months after | | |
| | P | starting an antipsychotic or until the medication dose is | | |
| | | stable and then yearly. | | |
| | | 7. Prolactin level – if there is evidence of | | |
| | | galactorrhea/gynecomastia, menstrual disturbance, | | |
| | | | | |
| | | libido disturbance or erectile/ejaculatory - yearly. | | |
| | | 8. EPS Evaluation (examination for rigidity, tremor, | | |
| | | akathisia) – before initiation of any antipsychotic | | |
| | | medication, then weekly for the first 2 weeks after | | |
| | | | | |
| | | initiating treatment with a new antipsychotic or until | | |
| | | the dose has been stabilized and weekly for 2 weeks | | |
| | | after a dose increase | | |
| | | 9. Tardive dyskinesia evaluation – every 12 months. | | |
| | | | | |
| | | For high mids notionts (in studios the edited to the | | |
| | | For high risk patients (including the elderly), every 6 | | |
| | | months. | | |
| | | 10. Vision questionnaire – ask whether the patient has | | |
| | | experienced a change in vision and should specifically | |] |
| | | ask about distance vision and blurry vision – yearly | | |
| | | | | |
| | | 11 Ocular evaluations – yearly for patients older than | | |
| | | age 40 years; every 2 years for younger patients | | |

Drug Audit Checklist 23 Page 3

| Dru | g: <u>R</u> | ISPI | ERIDONE (RIS | SPERDAL®, | RISPERDAL | CONSTA®), | OLANZAPINE | (ZYPREXA®), | QUETI | APINE |
|--------|-----------------|--------------|--|-----------|---------------|--------------|------------|-------------|------------|-------|
| | | <u>EL</u> ® |), ZIPRASIDON | E (GEODON | ®). AND ARIPI | PRAZOLE (AB) | ILIFY) | | 37 | NT. |
| Patie | ent# ering P | hrvai | | | | | | | Yes | No |
| Orac | ering P | nysic | zian | | | | | | | |
| | Dosing | guio Exce | DSHS/DADS Dragged delines. Expertions to maximum delication rule. | | - | | | | | |
| Date | Date Referred | | Date Reviewed | | | Comments | | Physicia | n's Signat | ure |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Additi | onal Co | omme | ents: | | | | | | | |
| | | | | | | | | | | |

Drug Audit Checklist 24

| | Drug Frudit Greekingt 21 | | | | | | | | | | | |
|-------------------|--------------------------|----------------|---|------------------------------|----------|--------------------------|-----------------|-------------------|---------------------|--|--|--|
| Rev | iewer | : | | | | Date: | | | | | | |
| Clas | ss: | | | | 1 | | | | | | | |
| Dru | g: SI | EDA I | TING ANTIHIS | TAMINES – diphenhydr | amine HC | <u>Cl (Benadryl®), l</u> | nydroxyzine HCI | <u>L (Atarax®</u> |)) | | | |
| Aud | it# | | | | Comments | S | | | equires s.Review | | | |
| Patio | ent# | | | | | | | Yes | | | | |
| | | Physi | cian | | | | | | | | | |
| | | | | | | | | | | | | |
| \mathbf{AT} | 1. A | nxiety | 7 | | | | | | | | | |
| INDICAT | 2. A | ggres | sion an agitation | | | | | | | | | |
| Z | 3. P | arinso | nism and other EF | PS | | | | | | | | |
| | | nsomn | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| | npo | 1 D | elirium | | | | | | | | | |
| | Absolu | 2 1 | nticholinergic into | vication | | | | | | | | |
| ons | , | 2. 1 | ursing mothers | xication | | | | | | | | |
| cati | | | enal impairment | | | | | | | | | |
| indi | 0) | 3 H | epatic impairment | | | | | | | | | |
| Contraindications | Relative | 4. E | lderly, debilitated p | patients | | | | | | | | |
| | Reh | 5. L | | act symptoms (asthma) | | | | | | | | |
| | | | | re increased anticholinergic | | | | | | | | |
| | | | | e disease course (narrow- | | | | | | | | |
| | | angl | e glaucoma, benigi | n prostatic hypertrophy) | | | | | | | | |
| | ent | tori | 1. Pregnancy Tes | st – as clinically indicated | | | | | | | | |
| LNI | Patient | Monitori ng | | | | | | | | | | |
| PATIE | | | See DSHS/DAD | S Drug Formulary for | | | | | | | | |
| PA | Dosing | | dosage guideline | es. | | | | | | | | |
| | Dos | | | | | | | | | | | |
| | | | Exceptions to maging justified as per m | aximum dosage must be | | | | | | | | |
| | | | justified as per fi | ledication rule. | | | | | | | | |
| Date | Refe | rred | Date Reviewed | | Comm | ents | | Physician's | Signature | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | _ | | | | | | | | | | |
| Addıtı | onal (| Comme | ents: | | | | | | | | | |
| | | | | | | | | | | | | |
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Drug Audit Checklist 25

| - | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | | | | |
|---------------------|--|---------------------|-------------------------------|---------|-------|---|-----------|--------|--------|--|
| Revi | iewer: | | | | Date: | | | | | |
| Clas | ss: | | | | | | | | | |
| Dru | o• zalenlo | n (Sonata®) | | | | | | | | |
| | <u></u> | n (bonacae) | | | | | | | | |
| Aud | lit# | | | Comment | S | | Requires | | | |
| | | | | | | | | , | eview | |
| Patie | | | | | | | | es | No | |
| Orde | ering Physic | cian | | | | | | | | |
| | | | | | | | | | | |
| INDICA | 1. Short te | erm treatment of in | somnia | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | <i>e</i> | | | | | | | | | |
| ons | <i>tn o</i> 1. H | | actic reaction or similarly | | | | | | | |
| cati | The state of the s | | | | | | | | | |
| prescribed. | | | | | | | | | | |
| ıtraj | Relative N.1 | one | | | | | | | | |
| Cor | Rela | | | | | | | | | |
| | I | | | | | | | | | |
| | | | | | | | i | | | |
| Ş | Patient Monitoring Parameters | 1. Pregnancy Te | st – as clinically indicated. | | | | | | | |
| K | Patient onitorin ramete | | | | | | | | | |
| ITO | Para | | | | | | | | | |
| PATIENT MONITORING | | | | | | | | | | |
| LM | | | S Drug Formulary for | | | | | | | |
| EN | Dosing | dosage guideline | es. | | | | | | | |
| | Dos | | | | | | | | | |
| \mathbf{P}_{ℓ} | | See medication i | rule for exceptions | | | | | | | |
| | | (documentation) | required). | | | | | | | |
| Date | e Referred | Date Reviewed | | Comm | ents | | Physician | 's Sig | nature | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | 1 | | | | |
| Additi | onal Comme | ents: | | | | | | | | |
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Drug Audit Checklist 26

| Reviewer: Date: | | | | | | | | | |
|--------------------|--|-------------------------------|--|---------|------|-----|----------------|--------|--|
| Clas | ss: | | | | | | | | |
| Dru | g: zolpide | m (Ambien®) | | | | | | | |
| Aud | it# | | | Comment | S | | Requ Phys.R | | |
| Patie | ent# | | | | | | Yes | No | |
| Orde | ering Physi | cian | | | | | | | |
| INDICATIONS | 1. Short te | erm treatment of ins | somnia | | | | | | |
| 11 | i | | | | | | 1 | | |
| lications | sign | | ctic reaction or similarly ivity to the medication | | | | | | |
| Contrainc | 1. History of anaphylactic reaction or similarly significant hypersensitivity to the medication prescribed. 1. None | | | | | | | | |
| | | | | | | | 1 | | |
| PATIENT MONITORING | Patient Monitoring Parameters | 1. Pregnancy Tes | st – as clinically indicated. | | | | | | |
| TENT MO | osing | See DSHS/DAD dosage guideline | S Drug Formulary for es. | | | | | | |
| PAT | DC | See medication r | rule for exceptions required). | | | | | | |
| Date | Referred | Date Reviewed | | Comm | ents | Phy | sician's Sig | nature | |
| | | | | | | | | | |
| | | | | | | | | | |
| Additi | onal Comme | ents: | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| | | | | | | | | | |

Drug Audit Checklist 27

| Comment Comment Comment Comment Comment Comment Requires | | Drug Fluit Onceinist 27 | | | | | | | | | |
|--|--|-------------------------|-----------------------|--------------------|-----------------------------|-------------|-------------------|-------------------|--|-----|--|
| Audit# Comments Requires Physician Page 1 Comments Requires Phys.Review Patient# Yes No Ordering Physician | Rev | iewei | r: | | | | Date: | | | | |
| Audit# Comments Prys. Requires Patient# Yes No Ordering Physician Patient# Yes No Patient# Yes No | Clas | ss: | | | | | | | | | |
| Phys.Review Ordering Physician 1. Aggressive behavior 2. Performance anxiety 3. Lithium – or valproic acid – induced tremors 4. Akathisia 1. Second and third degree heart block 2. Cardiogenic shock 3. Sinus bradycardia 4. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed. 1. Impaired pulmonary function (COPD, etc.) 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 1. EKG (Age 45 or over) – baseline and as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. | Dru | g: Bl | ETA-I | BLOCKERS – pr | opranolol (Inderal®), atend | olol (Tenor | min®), metoprolol | (Lopressor®), nad | olol (Corgar | d®) | |
| Physician Patient Yes No Ordering Physician 1. Aggressive behavior | | | | | | | | | | | |
| Patient To Ordering Physician Yes No Ordering Physician Physician Yes No Ordering Physician Ph | Aud | it# | | | | Comment | S | | | | |
| Ordering Physician | | | | | | | | | | | |
| 1. Aggressive behavior 2. Performance anxiety 3. Lithium – or valproic acid – induced tremors 4. Akathisia 4. Akathisia 5. Cardiogenic shock 5. Cardiogenic shock 5. Cardiogenic shock 6. Cardiogenic shock 7. Ca | | | DI | . • | | | | | Yes | No | |
| Second and third degree heart block | Ora | ering | Pnysic | zian | | | | | | | |
| Second and third degree heart block | IONS | 1. A | Aggres | sive behavior | | | | | | | |
| Second and third degree heart block | AT) | 2. P | erforn | nance anxiety | | | | | | | |
| Second and third degree heart block | DIC | | | | d – induced tremors | | | | | | |
| 2. Cardiogenic shock 3. Sinus bradycardia 4. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed. 1. Impaired pulmonary function (COPD, etc.) 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 1. EKG (Age 45 or over) – baseline and as clinically indicated. 2. Pregnancy Test – as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature | Z 4. Akathisia | | | | | | | | | | |
| 2. Cardiogenic shock 3. Sinus bradycardia 4. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed. 1. Impaired pulmonary function (COPD, etc.) 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 1. EKG (Age 45 or over) – baseline and as clinically indicated. 2. Pregnancy Test – as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature | | | • | | | | | | | | |
| Some state Signature Sig | | | 1. Se | econd and third de | egree heart block | | | | | | |
| Surger A. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed. 1. Impaired pulmonary function (COPD, etc.) 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma | | lute | 2. C | ardiogenic shock | | | | | | | |
| 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 4. Asthma 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabete | tions | Abso | 3. Si | <u>_</u> | | | | | | | |
| 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 4. Asthma 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabete | aindica | | seve | re significant hyp | ersensitivity to the | | | | | | |
| 2. Pregnancy/nursing mothers 3. Diabetes mellitus 4. Asthma 4. Asthma 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabetes mellitus 4. Asthma 5. Diabetes mellitus 5. Diabete | ontr | | | | | | | | | | |
| A. Asthma 1. EKG (Age 45 or over) – baseline and as clinically indicated. 2. Pregnancy Test – as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature | | ıtive | 2. Pı | egnancy/nursing | mothers | | | | | | |
| DULLOW LANGE TO THE LANGE TO TH | | Rel | 3. D | iabetes mellitus | | | | | | | |
| Date Referred Date Referred Date Reviewed Date Reviewed Date Referred Date Reviewed Date Reviewed Clinically indicated. 2. Pregnancy Test – as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Physician's Signature | | | 4. A | sthma | | | | | | | |
| Date Referred Date Referred Date Reviewed Date Reviewed Date Referred Date Reviewed Date Reviewed Clinically indicated. 2. Pregnancy Test – as clinically indicated. 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Physician's Signature | - | | - | | | | | | <u> </u> | 1 | |
| 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature | NG | ıt. | ing ers | | | | | | | | |
| 3. Pulse rate, blood pressure – baseline, prior to each dosage increase, quarterly, and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature |)RI | tien | itor met | | | | | | | | |
| and as clinically indicated. See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule. Date Referred Date Reviewed Comments Physician's Signature | | Pa | Ion | | | | | | | | |
| Date Referred Date Reviewed Comments Physician's Signature | MON | | N P | | | | | | | | |
| Date Referred Date Reviewed Comments Physician's Signature | NT I | 50 | | | | | | | | | |
| Date Referred Date Reviewed Comments Physician's Signature | dosage guidelines. Exceptions to maximum dosage | | aximum dosage must be | | | | | | | | |
| | | | | | | | | | | | |
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| Additional Comments: | Date Referred | | | Comm | ents | | Physician's Sig | <u>gnature</u> | | | |
| Additional Comments: | | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | | |
| Additional Comments: | | | ~ | | | | | | | | |
| | Addıti | onal (| Comme | nts: | | | | | | | |
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Drug Audit Checklist 28

| Revi | ewer | : | | | | Date: | | | | |
|--|------------------------------------|---|-------------------------------------|--|---------|-------|--|--------|----------------|--------|
| Clas | s: | | | | | | | | | |
| Drug | g: clo | mipı | ramine (Anafra | nil®) | | | | | | |
| Aud | it# | | | | Comment | s | | | Requ Phys.R | |
| Patie | ent# | | | | | | | | Yes | No |
| | ering l | Physic | cian | | | | | | | |
| NOIL | 1. Obsessive – compulsive disorder | | | | | | | | | |
| INDICATION | | | | | | | | | | |
| | 1 | | | | | | | | | |
| 1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed. 2. Recovery phase of myocardial infarction | | | | | | | | | | |
| catic | Abse | 2. R | ecovery phase of r | myocardial infarction | | | | | | |
| aindi | 3. Pheochromocytoma | | | | | | | | | |
| Contraindications | Relative | 1. Pregnancy/nursing mothers. | | | | | | | | |
| <u> </u> | | | | | | | | | | |
| RING | Patient | 1. EKG – baseli indicated. 2. Pregnancy tes | | ne and as clinically | | | | | | |
| NITO | Pat | Mon | 2. Pregnancy test | t – as clinically indicated. | | | | | | |
| PATIENT MONITORING | NT MO | | See DSHS/DAD dosage guideline | S Drug Formulary for es. | | | | | | |
| PATII | Dosing | | Exceptions to ma justified as per m | aximum dosage must be nedication rule. | | | | | | |
| Date | Refer | red | Date Reviewed | | Comm | ents | | Physic | rian's Sig | nature |
| | | | | | | | | | | |
| | | | | | | | | | | |
| Additio | onal C | omme | ents: | | | | | | | |
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Drug Audit Checklist 29

| Revi | ewer: | | | | Date: | | | |
|--------------------|---|--------------------|---|---------|-------|--------|----------------|--------|
| Clas | s: | | | | | | | |
| Drug | g: gabape | ntin (Neurontin | (®) | | | | _ | |
| Audi | it# | | | Comment | s | | Requ Phys.R | |
| Patie | ent# | | | | | | Yes | No |
| Orde | ering Physic | cian | | | | | | |
| INDICATIONS | 1. Chronic | e Pain Disorder | | | | | | |
| Contraindications | osq seve | | ctic reaction and similarly ersensitivity to medication | | | | | |
| rain | 1. Renal Failure | | | | | | | |
| Cont | 1. Renal Failure 2. Pregnancy/nursing mother | | | | | | | |
| NITORING | Haring Haring And American Test – baseline and as clinically indicated. | | | | | | | |
| PATIENT MONITORING | Dosing | dosage guideline | | | | | | |
| P / | | justified as per n | aximum dosage must be nedication rule. | | | | | |
| Date | Referred | Date Reviewed | | Comm | nents | Physic | cian's Sig | nature |
| | | | | | | | | |
| Additio | onal Comme | ents: | | | | | | |
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Drug Audit Checklist 30

| | Diug Audit Checklist 30 | | | | | | | | | | | |
|---|-------------------------|--------------------------|---|--|---------|-------|--|----------|-------------------------|---------------|--|--|
| Rev | iewer | : | | | | Date: | | | | | | |
| Clas | ss: | | | | | | | | | | | |
| Dru | g: na | ltrex | one (Revia®) | | | | | | | | | |
| 210 | <u> </u> | | one (new mo) | | | | | | | | | |
| Aud | lit# | | | | Comment | cs | | | Requires Phys.Review | | | |
| Pati | ent# | | | | | | | | Yes | No | | |
| | | Physi | cian | | | | | | | | | |
| | | - | | | | | | | | | | |
| SNO | 1. A | lcoho | lism | | | | | | | | | |
| TIC | 2. N | Varcoti | ic addiction | | | | | | | | | |
| INDICATIONS | 3. S | elf inj | urious behavior | | | | | | | | | |
| I | 4. E | ating | disorders | | | | | | | | | |
| | | <u> </u> | | | | | | | | | | |
| Contraindications | Absolute | 1. H seve | | ersensitivity to medication | | | | | | | | |
| aind | | 2. A | cute hepatitis or liv | ver failure | | | | | | | | |
| Contra | utive | 1. H | epatic function in | pairment | | | | | | | | |
| 1. Hepatic function impairment 2. Renal impairment | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SING | Patient | Monitoring Parameters | 1. Pregnancy Te | st - as clinically indicated | | | | | | | | |
| ONITOR | Pat | Monit Paran | 2. Hepatic Funct clinically indicat | ion Panel – baseline and as ed. | | | | | | | | |
| PATIENT MONITORING | Dosing | | See DSHS/DAD dosage guideline | S Drug Formulary for es. | | | | | | | | |
| PAT | D | | Exceptions to maging justified as per n | aximum dosage must be nedication rule. | | | | | | | | |
| _ | | | | | | | | | . ~- | | | |
| Date | e Refe | rred | Date Reviewed | | Comm | ents | | Physicia | an's Sig | <u>nature</u> | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Additi | onal (| Comme | ents: | | | | | | | | | |
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Drug Audit Checklist

| Drug Audit Checklist | | | | | | | | | | |
|----------------------|---|--------------------------|--|----------|------------------------------------|-------------------------|----------|--|--|--|
| Reviewer: | | | | | Date: | | | | | |
| Clas | ss: | | | | | | | | | |
| | | | JLANTS – methylphenidate (Ritalin®, C tamine/amphetamine mixture (Adderall | | M), dextroamphetamine (Dexedrine®) |), | | | | |
| Audit# | | | | Comments | | Requires Phys.Review | | | | |
| Patient# | | | | | | Yes | No | | | |
| Ordering Physician | | | cian | | | | | | | |
| INDICATIONS | Attention deficit disorder, with or without hyperactivity | | | | | | | | | |
| | 2. Narcolepsy (methylphenidate; dextroamphetamine; dextroamphetamine/amphetamine mixture) | | | | | | | | | |
| | 3. Severe treatment resistant depression or depression in medically compromised patients | | | | | | | | | |
| | | 1. H | Listory of anaphylactic reaction or similarly | | | | | | | |
| | Absolute | | ere significant hypersensitivity to the lication prescribed. | | | | | | | |
| | | | evere depression in children thylphenidate) | | | | | | | |
| ions | | 1. T tics | ourette's syndrome or other motor or vocal | | | | | | | |
| icati | | 2. P | re-existing psychosis | | | | | | | |
| aind | | | lypertension | | | | | | | |
| Contraindications | Relative | | ardiovascular disease (dextroamphetamine, troamphetamine/amphetamine mixture) | | | | | | | |
| | Rel | | ilaucoma (dextroamphetamine, hylphenidate, | | | | | | | |
| | | | troamphetamine/amphetamine mixture) | | | | | | | |
| | | | listory of drug abuse/dependence | | | | | | | |
| | | | lyperthyroidism | | | | | | | |
| | <u> </u> | 8. P | regnant or nursing mother | <u> </u> | | | <u> </u> | | | |
| PATIENT MONITORING | Patient | Monitoring Parameters | Height and weight in children (baseline and as clinically indicated) | | | | | | | |
| | Dosing | | See DSHS/DADS Drug Formulary for dosage guidelines. | | | | | | | |
| | <u> </u> | | Exceptions to maximum dosage must be justified as per medication rule. | | | | | | | |

Drug Audit Criteria 31 Page 2

| Drug: STIMULANTS – methylphenidate (Ritalin®, Concerta TM), dextroamphetamine (Dexedrin®), dextroamphetamine/amphetamine mixture (Adderall®) | | | | | | | | | |
|--|---------------|----------|------|-----------------------|----|--|--|--|--|
| Patient# | | | | | No | | | | |
| Ordering Physi | ician | | | | | | | | |
| Date Referred | Date Reviewed | Comments | Phys | Physician's Signature | | | | | |
| | | | | | | | | | |
| Additional Commo | ents: | | | | | | | | |
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Drug Audit Checklist 32

| Reviewer: Date: | | | | | | | | | | |
|------------------------------|---------------------------------|--|---|----------|-------|--------------------------|----------------|----|--|--|
| Class: | | | | | | | | | | |
| Drug: DULOXETINE (CYMBALTA®) | | | | | | | | | | |
| Aud | Audit# | | | | nents | | Requ Phys.R | | | |
| Patie | ent# | | | | | | Yes | No | | |
| Orde | ering Phys | ician | | | | | | | | |
| INDICA | 1. Depressive Disorders | | | | | | | | | |
| IN | 2. Chronic pain | | | | | | | | | |
| Contraindications | sev | | actic reaction or similarly ersensitivity reaction to the | | | | | | | |
| | Absolute day | | oxidase inhibitor within 14 | | | | | | | |
| aind | 3. | Uncontrolled narro | w-angle glaucoma | | | | | | | |
| Contr | 1. | Severe renal functi arance < 30mL/mir | on impairment (creatinine | | | | | | | |
| | Selative cles | Severe hepatic dise | ease or substantial alcohol use | | | | | | | |
| | 3. Pregnancy/nursing mothers | | | | | | | | | |
| | | Pregnancy tes | st - as clinically indicated | | | | | | | |
| PATIENT MONITORING | atient Monitoring Parameters | 2. Blood pressu | re prior to initiating treatment, tration, and as clinically | | | | | | | |
| | tient Monitor Parameters | | mergence of suicidal ideation | | | | | | | |
| | Pa | 4. Hepatic funct | tion testing - baseline and as ted | | | | | | | |
| | Dosing | See DSHS/DAD guidelines. | S Drug Formulary for dosage | | | | | | | |
| | D ₀ | Exceptions to majustified as per n | aximum dosage must be nedication rule. | | | | | | | |
| Date Referred | | Date Reviewed | | Comments | | Physician's Signature | | | | |
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| | | | | | | | | | | |
| Additional Comments: | | | | | | | | | | |
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