Medication
Audit Criteria and Guidelines
Revised March, 2006

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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™), dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine mixture (Adderall®)
32.	DULOXETINE (CYMBALTA®)

Medication Audit Criteria and Guidelines

Drug Audit Checklist 1

Reviewer:	**Date:**
Class:	
Drug: carbamazepine (Tegretol®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIO	1. Cyclic mood disorders			
	2. Aggressive behavior secondary to a psychiatric disorder			
	3.Chronic Pain			
	4. Acute mania			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or tricyclic antidepressants.			
	Relative	1. History of blood dyscrasias			
		2. Myoclonic seizure, atonic seizures			
		3. AV heart bock			
		4. History of bone marrow-suppression			
		5. Pregnancy/nursing mothers			
		6. Concomitant use of clozapine (Clozaril®)			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. CBC with platelets – baseline and 1 to 2 weeks after each dose increase and as clinically indicated.			
		2. Hepatic function panel and electrolytes; baseline and as clinically indicated.			
		3. Pregnancy Test – as clinically indicated.			
		4. Carbamazepine Levels – 3-4 weeks after dose adjustment, then as clinically indicated.			
		Usual therapeutic levels 4-12 mcg/ml Therapeutic ranges for the lab used should be listed on the report.			
	Dosing	Take with food to avoid stomach upset. See DSHS/DADS Formulary for dosage guidelines.			

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 2

Reviewer:	**Date:**
Class:	
Drug: lamotrigine (Lamictal®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Cyclic mood disorders			
Contraindication	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.		
	Relati	1. Pregnancy/nursing mothers		
		2. Age less than 16 years of age.		
PATIENT MONTTORING	**Patient Monitoring Parameters**	1. Renal Function Test – baseline and as clinically indicated.		
		2. Hepatic Function Test – baseline, yearly and as clinically indicated.		
		3. Pregnancy Test – as clinically indicated.		
	Dosing	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**

Additional Comments:

Drug Audit Checklist 3

Reviewer:	**Date:**
Class:	
Drug: lithium (Eskalith®, Lithobid®, Eskalith Cr®, etc.)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Cyclic mood disorder			
	2. Augmentation of antidepressant therapy			
	3. Aggressive behavior secondary to a psychiatric disorder			
	4. Acute mania			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
	Relative	1. Cardiovascular disease			
		2. Severe dehydration			
		3. Goiter or hypothyroidism			
		4. Psoriasis			
		5. Pregnancy/nursing mothers			
		6. Renal insufficiency			
		7. Hyperparathyroidism			
		8. Concomitant use of diuretics			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. EKG (mandatory for everyone – baseline, yearly and as clinically indicated)			
		2. CBC – baseline, yearly and as clinically indicated			
		3. Thyroid studies – baseline; then TSH every 6 months and as clinically indicated			
		4. BUN, creatinine, glucose and electrolytes; baseline and as clinically indicated.			
		5. UA – baseline and as clinically indicated.			
		6. Pregnancy Test – as clinically indicated.			
		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.			

Drug: lithium (Eskalith®, Lithobid®, Eskalith Cr®, etc.)			
Patient#			
Ordering Physician			

Patient Monitoring Cont.	**Dosing**	Take with food to avoid stomach upset. 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**

Additional Comments:

Drug Audit Checklist 4

Reviewer:	**Date:**
Class:	
Drug: oxcarbazepine (Trileptal®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATION	1. Cyclic mood disorders			
Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or oxcarbazepine.		
	Relative	1. Hyponatremia		
PATIENT	**Patient Monitoring Parameters**	1. Electrolytes – baseline and as clinically indicated.		
		2. Pregnancy Test – as clinically indicated		
	Dosing	See DSHS/DADS Formulary for dosage guidelines		

Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:

Drug Audit Checklist 5

Reviewer:	**Date:**
Class:	
Drug: topiramate (TOPAMAX®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDIC	1. Cyclic mood disorders			
Contraindications	*Absolut*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.		
	Relative	1. Pregnancy/nursing mothers		
PATIENT MONITORING	**Patient Monitoring Parameters**	1. Metabolic studies including renal function, hepatic function and serum bicarbonate - baseline, and as clinically indicated.		
		2. Pregnancy Test - as clinically indicated.		
	Dosing	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

Additional Comments:

Drug Audit Checklist 6

Reviewer:	**Date:**
Class:	
Drug: valproic acid (Depakene®), divalproex sodium (Depakote®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Cyclic mood disorders			
	2. Aggressive behavior secondary to a psychiatric disorder			
	3. Chronic Pain			
	4. Acute mania			

Contraindications	*Absolut*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
	Relative	1. Hepatic disease/impairment			
		2. Blood dyscrasias, clotting disorders or concomitant drugs that alter clotting function (aspirin, non-steroidal anti-inflammatory drugs, warfarin, heparin, low molecular weight heparins, clopidogrel etc.)			
		3. Pregnancy/nursing mothers			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. CBC – with differential and platelet count – baseline than 1 to 2 weeks after each dosage increase, and as clinically indicated.			
		2. Hepatic function panel – baseline and as clinically indicated.			
		3. Pregnancy Test – baseline and as clinically indicated.			
		4. Valproci acid level – 1-2 weeks after initiation and dosage change, then as clinically indicated.			
		5. Serum creatinine and BUN at baseline and as clinically indicated.			

Drug: valproic acid (Depakene®), divalproex sodium (Depakote®)			
Patient#		Yes	No
Ordering Physician			

Patient Monitoring cont.	**Dosing**	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.			

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 7

Reviewer:	**Date:**
Class:	
Drug: verapamil (Calan®, Isoptin®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Cyclic mood disorders			

Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.			
		2. Severe left ventricular dysfunction.			
		3. Hypotension (systolic pressure <90 mm Hg) or cardiogenic shock.			
		4. Sick sinus syndrome (except in patients with a functioning artificial ventricular pacemaker).			
		5. Second – or third AV block (except in patients with a functioning artificial ventricular pacemaker).			
		6. Patients with artrial flutter or artrial fibrillation and an accessory bypass tract (Wolff-Parkinson-White)			
	Relative	1. Hepatic function impairment			
		2. Renal impairment			
		3. Cardiac conduction disturbances not outlined in absolute contraindications			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated.			
		2. Renal and Liver Function Test – baseline and as clinically indicated.			
		3. Vital signs with initial dosing and with any dosage change.			
		4. EKG within one year prior to initiation of drug.			
	Dosing	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**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 8

Reviewer:	**Date:**
Class:	
Drug: Benzodiazepines – alprazolam (Xanax®), chlordiazepoxide (Librium®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), oxazepam (Serax®), temazepam (Restoril®), triazolam (Halcion®), clonazepam (Klonopin®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Anxiety disorders			
	2. Panic disorders			
	3. Anxiety associated with depression			
	4. Short term use for the treatment of insomnia			
	5. Sedative hypnotic withdrawal			
	6. Akathisia			
	7. Acute intervention for agitation/violent behavior			
	8. Bipolar disorder, mania – adjunctive or second line therapy			
	9. Alcohol/substance abuse withdrawal			

Contraindications	*Absolut*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.		
	Relative	1. Pregnancy/nursing mothers		
		2. Myasthenia gravis		
		3. Severe COPD		

PATIENT	**Patient Monitoring**	1. Pregnancy Test – as clinically indicated			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 9

Reviewer:	**Date:**
Class:	
Drug: buspirone (Buspar®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Anxiety Disorder			
	2. Aggressive behavior			
	3. Self injurious behavior			
	4. Augmentation for resistant depression			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed			
	Relative	1. Hepatic function impairment			
		2. Renal impairment			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated			
	Dosing	See DSHS/DADS Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule.			

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:

Drug Audit Checklist 10

Reviewer:	**Date:**
Class:	
Drug: amoxapine (Asendin®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Depression with psychotic features			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
		2. Recovery phase of myocardial infarction			
	Relative	1. Pregnancy/nursing mothers			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. EKG – baseline and as clinically indicated.			
		2. Pregnancy test – as clinically indicated.			
		3. Screening for abnormal involuntary movements using a standardized test – prior to initiation, six months, annually and as clinically indicated.			
	Dosing	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**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 11

Reviewer:	**Date:**
Class:	
Drug: bupropion (Wellbutrin® and Wellbutrin® SR)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Depressive Disorder			
	2. Attention deficit hyperactivity disorder			
	3. Nicotine Dependence			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
		2. Anorexia nervosa and bulimia			
		3. Diagnosis of a seizure disorder			
	Relative	1. None			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 12

Reviewer:	**Date:**
Class:	
Drug: mirtazapine (Remeron®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Depressive Disorders			
	2. Insomnia			

Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.			
	Relative	1. Pregnancy/nursing mothers			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 13

Reviewer:	**Date:**
Class:	
Drug: Monoamine Oxidase Inhibitors – phenelzine (Nardil®), tranylcypromine (Parnate®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICAT	1. Depressive Disorders			
	2. Panic Disorders			
	3. Anxiety Disorders			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
		2. Pheochromocytoma			
		3. Congestive heart failure			
		4. Concomitant use of another monoamine oxidase inhibitor			
		5. Concomitant use with meperidine			
		6. Concomitant use with SSRIs, buspirone, or venlafaxine			
		7. Concomitant use of pressor amines (e.g., ephedrine, phenylpropanolamine, pseudoephedrine)			
		8. Stimulants			
	Relative	1. Impaired renal function			
		2. Severe hepatic disease			
		3. Pregnancy/nursing mothers			
		4. Hyperthyroidism			
		5. Concomitant use of tricyclic antidepressant, methyladopa, dopamine, levodopa, selegiline, dextromethorphan			

Drug: Monoamine Oxidase Inhibitors – phenelzine (Nardil®), tranylcypromine (Parnate®)		**Drug Audit Checklist 13**	
Patient#		Yes	No
Ordering Physician			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Blood chemistries with emphasis on hepatic and renal functions; baseline, yearly and as clinically indicated during prolonged or high dose therapy.			
		2. Pregnancy test – as clinically indicated.			
		3. Blood pressure at baseline and during dosage adjustments and as clinically indicated. Therapeutics range for the lab used should be listed on the report.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 14

Reviewer:	**Date:**
Class:	
Drug: nefazodone (Serzone®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Depressive Disorder			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed or trazodone.			
		2. Patients who were withdrawn from nefazodone because of evidence of liver injury.			
	Relative	1. Pregnancy/nursing mothers.			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy test – as clinically indicated.			
		2. ALT and AST – baseline, at 1, 2, 4, 6 and 12 months, then annually and as clinically indicated. Stop drug is AST or ALT levels are 3 times (or greater) the upper limit of normal.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 15

Reviewer:	**Date:**
Class:	
Drug: SSRIs: citalorpam (CELEXA®), fluoxetine (PROZAC®), sertraline (ZOLOFT®), paroxetine (PAXIL®), fluvoxamine (LUVOX®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Depressive Disorder			
	2. Obsessive-Compulsive Disorder			
	3. Panic Disorder			
	4. Eating Disorder			
	5. Self Injurious Behavior			
	6. Late Luteal Phase Disorder			
	7. Anxiety Disorder			
	8. Social Phobia			

Contraindications	*Absolute*	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).			
	Relative	1. Severe hepatic function impairment			
		2. Severe renal function impairment			
		3. Seizure disorder or history of seizure disorder			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated			
	Dosing	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

Drug: SSRIs: citalorpam (CELEXA®), fluoxetine (PROZAC®), sertraline (ZOLOFT®), paroxetine (PAXIL®), fluvoxamine (LUVOX®)		
Patient#	Comments	Requires Phys.Review
		Yes / No
Ordering Physician		

Additional Comments:

Drug Audit Checklist 16

Reviewer:	**Date:**
Class:	
Drug: trazodone (Desyrel®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATI	1. Depressive Disorders			
	2. Insomnia			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed or nefazodone			
		2. Recovery Phase of myocardial infarction			
	Relativ	1. Pregnancy/nursing mothers			

PATIENT	**Patient Monitoring Parameter**	EKG – as clinically			
		2. Pregnancy test – as clinically indicated			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 17

Reviewer:	**Date:**
Class:	
Drug: TRICYCLIC ANTIDEPRESSANTS – amitriptyline (Elavil®), desipramine (Norpramin®, Pertofrane®), doxepin (Sinequan®), imipramine (Tofranil®), maprotiline (Ludiomil®), nortriptyline (Pamelor®, Aventyl®), protriptyline (Vivactil®), trimipramine (Surmontil®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Depressive Disorders			
	2. Panic Disorders			
	3. Bulimia nervosa			
	4. Attention deficit hyperactivity disorder			
	5. Functional enuresis			
	6. Anxiety disorders			
	7. Chronic Pain			
	8. Insomnia			
	9. Obsessive – Compulsive Disorder			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed		
		2. Recovery phase of myocardial infarction		
		3. Pheochromocytoma		
	Relative	1. Pregnancy/nursing mothers		

PATIENT MONITORING	**Patient Monitoring Parameters**	1. EKG – baseline and as clinically indicated			
		2. Pregnancy test – as clinically indicated			
		3. Blood levels as clinically indicated. Therapeutic ranges for the lab used should be listed on the report. See Antidepressant Table in content DSHS/DADS Drug Formulary Book.			
	Dosing	See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule.			

Drug: TRICYCLIC ANTIDEPRESSANTS – amitriptyline (Elavil®), desipramine (Norpramin®, Pertofrane®), doxepin (Sinequan®), imipramine (Tofranil®), maprotiline (Ludiomil®), nortriptyline (Pamelor®, Aventyl®), protriptyline (Vivactil®), trimipramine (Surmontil®)

Patient#		Yes	No
Ordering Physician			

Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:

Drug Audit Checklist 18

Reviewer:	**Date:**
Class:	
Drug: venlafaxine (Effexor® and Effexor® ER)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATION	1. Depressive Disorder			
	2. Attention deficit hyperactivity disorder			
	3. Anxiety Disorder			
	4. Chronic Pain			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
		2. Pheochromocytoma			
		3. Concomitant use of monoamine oxidase inhibitor.			
	Relative	1. Impaired renal function			
		2. Severe hepatic disease			
		3. Pregnancy/nursing mothers			
		4. Hyperthyroidism			
		5. Hypertension or history of hypertension			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy test – as clinically indicated.			
		2. Blood pressure during dosage titration and as clinically necessary.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 19

Reviewer:	**Date:**
Class:	
Drug: *ANTIPSYCHOTICS* chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), molindone (Moban®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Disorders with psychotic symptoms (schizophrenia, schizoaffective disorder, manic disorders, depression with psychotic features, drug-induced psychosis, psychosis associated with other organic conditions)			
	2. Tourette's disorder (haloperidol only)			
	3. Personality disorders – schizotypal, paranoid and borderline			
	4. Acute and/or short term use for management of aggressive or violent behavior			
	5. Stereotypes			

Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication			
		2. Severe CNS depression			
	Relative	1. Pregnancy/nursing mothers			
		2. History of drug-induced agranulocytosis or leukopenia			
		3. Breast Cancer			
		4. History of neuroleptic malignant syndrome			
		5. Narrow angle glaucoma (for chlorpromazine)			
		6. Impaired hepatic function			
		7. Prostatic hypertrophy (for chlorporamazine)			
		8. Parkinson's disease			
		9. Severe cardiovascular diseases, including certain conduction disturbances			

Drug: ANTIPSYCHOTICS chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), molindone (Moban®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)			
Patient #	Comments	Requires Phys.Review	
		Yes	No
Ordering Physician			

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: ANTIPSYCHOTICS chlorpromazine (Thorazine®), fluphenazine (Prolixin®), haloperidol (Haldol®), loxapine (Loxitane®), molindone (Moban®), perphenazine (Trilafon®), thiothixene (Navane®), trifluoperazine (Stelazine®)		
Patient#	Comments	Requires Phys.Review
		Yes / No
Ordering Physician		

PATIENT	**Patient Monitoring Parameters**	9. Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly.			
		10. Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients.			

	Dosing	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**

Additional Comments:

Drug Audit Checklist 20

Reviewer:	**Date:**
Class:	
Drug: ANTIPSYCHOTICS mesoridazine (Serentil®), thioridazine (Mellaril®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Schizophrenia, refractory (failed other classes of antipsychotics)			

Contraindications	*Absolute*	1. 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			
		5. Hypokalemia			
		6. Retinitis Pigmentosa			
		7. Concomitant use of other drugs known to prolong QTc interval			
		8. Known heart disease			
		9. Personal history of syncope			
		10. Family history of sudden death at an early age (under age of 40 years)			
		11. Congenital long QT syndrome			
	Relative	1. Pregnancy/nursing mothers			
		2. History of drug induced agranulocytosis or leukopenia			
		3. Breast cancer			
		4. History of neuroleptic malignant syndrome			
		5. Narrow angle glaucoma			
		6. Impaired hepatic function			
		7. Prostatic hypertrophy			
		8. Parkinson’s disease			

Drug: ANTIPSYCHOTICS Mesoridazine (Serentil®), thioridazine (Mellaril®)			
Patient#	Comments	Requires Phys.Review	
		Yes	No
Ordering Physician			

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.			
		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: *ANTIPSYCHOTICS* mesoridazine (Serentil®), thioridazine (Mellaril®)			
Patient#	Comments	Requires Phys.Review	
		Yes	No
Ordering Physician			

		10. Ocular evaluations – yearly for patients older than age 40 years; every 2 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).			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 21

Reviewer:	**Date:**
Class:	
Drug: clozapine (Clozaril®, Fazaclo®)	

Audit#	Comments	Requires Phys. Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. For use in patients with refractory schizophrenia or schizoaffective disorder, defined as failure on two antipsychotics from two different chemical families given for sufficient time (6-12 weeks) at a sufficient dose (1000 mg/day of chlorpromazine equivalents).			
	2. For use in schizophrenic or schizoaffective patients who cannot tolerate other antipsychotics.			
	3. Psychosis associated with other organic conditions, (who have failed two antipsychotics, or who cannot tolerate other antipsychotics)			
	4. Manic disorders with psychosis (in patients who have failed two antipsychotics)			
	5. Reduction in the risk of recurrent suicidal behavior in patients with schizoaffective disorder			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed		
		2. Myeloproliferative disorders		
		3. History of clozapine-induced agranulocytosis or severe granulocytopenia		
		4. Uncontrolled epilepsy		
		5. Severe CNS depression		
		6. Paralytic ileus		
		7. Concomitant us of agents that may cause bone marrow suppression, including carbamazepine (Tegretol®, Carbatrol®, Equetro®)		
	Relative	1. History of drug induced agranulocytosis or leukopenia		
		2. Breast cancer		
		3. History of neuroleptic malignant syndrome		
		4. Narrow angle glaucoma		
		5. Impaired hepatic function		
		6. Prostatic hypertrophy		
		7. Parkinson's disease		
		8. Severe cardiovascular diseases		
		9. History of seizure		
		10. Diabetes Mellitus		

Drug: clozapine (Clozaril®, Fazaclo®)			
Patient#	Comments	Requires Phys. Review	
		Yes	No
Ordering Physician			

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 new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase			

Drug: clozapine (Clozaril®, Fazaclo®)			
Patient#	Comments	Requires Phys. Review	
		Yes	No
Ordering Physician			

Patient Monitoring - Continued	**Patient Monitoring Parameters** Continued	9. Tardive dyskinesia evaluation – every 12 months. 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			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 22

Reviewer:	**Date:**
Class:	
Drug: DECANOATES **fluphenazine decanoate (Prolixin® Decanoate), haloperidol decanoate (Haldol® Decanoate)**	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS		1. Chronic psychotic disorder requiring prolonged parenteral treatment.		
Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe hypersensitivity to medication prescribed or structurally related medication.		
		2. Severe CNS depression		
	Relative	1.Pregnancy/nursing mothers		
		2. History of drug induced agranulocytosis or leukopenia.		
		3. Breast Cancer		
		4. History of neuroleptic malignant syndrome.		
		5. Impaired hepatic function.		
		6. Parkinson's disease.		
		7. Severe cardiovascular diseases.		
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) 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 LDL level is > 130 mg/dl.		

Drug: DECANOATES **Fluphenazine decanoate (Prolixin® Decanoate), haloperidol decanoate (Haldol® Decanoate)**			
Patient#		Yes	No
Ordering Physician			

PATIENT MONITORING - continued	**Patient Monitoring Parameters** - continued	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.			
		9. Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly.			
		10. Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 23

Reviewer:	**Date:**
Class:	
Drug: ***RISPERIDONE (RISPERDAL®, RISPERDAL CONSTA®), OLANZAPINE (ZYPREXA®), QUETIAPINE (SEROQUEL®), ZIPRASIDONE (GEODON®), AND ARIPIPRAZOLE (ABILIFY)***	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Disorders with psychotic symptoms (schizophrenia, schizoaffective disorder, manic disorders, depression with psychotic features, drug-induced psychosis, psychosis associated with other medical conditions)			
	2. Severe aggression secondary to a psychiatric disorder			
	3. Self Injurious Behavior secondary to a psychiatric disorder			

Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed			
		2. Severe CNS depression			
		3. Known or suspected clinically significant QTc prolongation			
		4. For ziprasidone - Recent myocardial infarction, uncompensated congestive heart failure or when other drugs are being used that also prolong the QT interval such as (not complete list) quinidine, dofetilide, pimozide, sotalol, thioridazine, moxiflocin, and sparfloxacin			
	Relative	1. Pregnancy/nursing mothers			
		2. History of drug induced agranulocytosis or leukopenia			
		3. Breast cancer			
		4. History of neuroleptic malignant syndrome			
		5. Impaired hepatic function			
		6. Parkinson’s disease			
		7. Severe cardiovascular diseases			

Drug: ***RISPERIDONE (RISPERDAL®, RISPERDAL CONSTA®), OLANZAPINE (ZYPREXA®), QUETIAPINE (SEROQUEL®), ZIPRASIDONE (GEODON®), AND ARIPIPRAZOLE (ABILIFY)***			
Patient#		Yes	No
Ordering Physician			

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. EKG – before initiating treatment with ziprasidone (Geodon®) and subsequently if the patient demonstrates symptoms (e.g., syncope) associated with QT interval prolongation.			
		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 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 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: ***RISPERIDONE (RISPERDAL®, RISPERDAL CONSTA®), OLANZAPINE (ZYPREXA®), QUETIAPINE (SEROQUEL®), ZIPRASIDONE (GEODON®), AND ARIPIPRAZOLE (ABILIFY)***			
Patient#		Yes	No
Ordering Physician			

	Dosing	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**

Additional Comments:

Drug Audit Checklist 24

Reviewer:	**Date:**
Class:	
Drug: SEDATING ANTIHISTAMINES – diphenhydramine HCl (Benadryl®), hydroxyzine HCL (Atarax®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICAT	1. Anxiety			
	2. Aggression an agitation			
	3. Parinsonism and other EPS			
	4. Insomnia			

Contraindications	*Absolu*	1. Delirium			
		2. Anticholinergic intoxication			
	Relative	1. Nursing mothers			
		2. Renal impairment			
		3. Hepatic impairment			
		4. Elderly, debilitated patients			
		5. Lower respiratory tract symptoms (asthma)			
		6. Diseases states where increased anticholinergic activity may complicate disease course (narrow-angle glaucoma, benign prostatic hypertrophy)			

PATIENT	**Patient Monitoring**	1. Pregnancy Test – as clinically indicated			
	Dosing	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**

Additional Comments:

Drug Audit Checklist 25

Reviewer:	**Date:**
Class:	
Drug: zaleplon (Sonata®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Short term treatment of insomnia			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly significant hypersensitivity to the medication prescribed.			
	Relative	1. None			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated.			
	Dosing	See DSHS/DADS Drug Formulary for dosage guidelines. See medication rule for exceptions (documentation required).			

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:

Drug Audit Checklist 26

Reviewer:	**Date:**
Class:	
Drug: zolpidem (Ambien®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Short term treatment of insomnia			
Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly significant hypersensitivity to the medication prescribed.		
	Relative	1. None		
PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test – as clinically indicated.		
	Dosing	See DSHS/DADS Drug Formulary for dosage guidelines. See medication rule for exceptions (documentation required).		

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:

Drug Audit Checklist 27

Reviewer:	**Date:**
Class:	
Drug: BETA-BLOCKERS – propranolol (Inderal®), atenolol (Tenormin®), metoprolol (Lopressor®), nadolol (Corgard®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Aggressive behavior			
	2. Performance anxiety			
	3. Lithium – or valproic acid – induced tremors			
	4. Akathisia			

Contraindications	*Absolute*	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.			
	Relative	1. Impaired pulmonary function (COPD, etc.)			
		2. Pregnancy/nursing mothers			
		3. Diabetes mellitus			
		4. Asthma			

PATIENT MONITORING	**Patient Monitoring Parameters**	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.			
	Dosing	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**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 28

Reviewer:	**Date:**
Class:	
Drug: clomipramine (Anafranil®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATION	1. Obsessive – compulsive disorder			
Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.		
		2. Recovery phase of myocardial infarction		
		3. Pheochromocytoma		
	Relative	1. Pregnancy/nursing mothers.		
PATIENT MONITORING	**Patient Monitoring**	1. EKG – baseline and as clinically indicated.		
		2. Pregnancy test – as clinically indicated.		
	Dosing	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**

Additional Comments:

Medication Audit Criteria and Guidelines

Drug Audit Checklist 29

Reviewer:	**Date:**
Class:	
Drug: gabapentin (Neurontin®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Chronic Pain Disorder			
Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.		
	Relative	1. Renal Failure		
		2. Pregnancy/nursing mother		
PATIENT MONITORING	**Patient Monitoring Parameters**	1. Renal function Test – baseline and as clinically indicated.		
	Dosing	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**

Additional Comments:

Drug Audit Checklist 30

Reviewer:	**Date:**
Class:	
Drug: naltrexone (Revia®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. Alcoholism			
	2. Narcotic addiction			
	3. Self injurious behavior			
	4. Eating disorders			

Contraindications	*Absolute*	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed.			
		2. Acute hepatitis or liver failure			
	Relative	1. Hepatic function impairment			
		2. Renal impairment			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy Test - as clinically indicated			
		2. Hepatic Function Panel – baseline and as clinically indicated.			
	Dosing	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**

Additional Comments:

Drug Audit Checklist

Reviewer:	**Date:**
Class:	
Drug: STIMULANTS – methylphenidate (Ritalin®, Concerta ™), dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine mixture (Adderall®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICATIONS	1. 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			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed.			
		2. severe depression in children (methylphenidate)			
	Relative	1. Tourette's syndrome or other motor or vocal tics			
		2. Pre-existing psychosis			
		3. Hypertension			
		4. Cardiovascular disease (dextroamphetamine, dextroamphetamine/amphetamine mixture)			
		5. Glaucoma (dextroamphetamine, methylphenidate, dextroamphetamine/amphetamine mixture)			
		6. History of drug abuse/dependence			
		7. Hyperthyroidism			
		8. Pregnant or nursing mother			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Height and weight in children (baseline and as clinically indicated)			
	Dosing	See DSHS/DADS Drug Formulary for dosage guidelines. Exceptions to maximum dosage must be justified as per medication rule.			

Drug: STIMULANTS – methylphenidate (Ritalin®, Concerta ™), dextroamphetamine (Dexedrin®), dextroamphetamine/amphetamine mixture (Adderall®)			
Patient#		Yes	No
Ordering Physician			

Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:

Drug Audit Checklist 32

Reviewer:	**Date:**
Class:	
Drug: DULOXETINE (CYMBALTA®)	

Audit#	Comments	Requires Phys.Review	
Patient#		Yes	No
Ordering Physician			

INDICA	1. Depressive Disorders			
	2. Chronic pain			

Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity reaction to the medication prescribed			
		2. Use of monoamine oxidase inhibitor within 14 days			
		3. Uncontrolled narrow-angle glaucoma			
	Relative	1. Severe renal function impairment (creatinine clearance < 30mL/min)			
		2. Severe hepatic disease or substantial alcohol use			
		3. Pregnancy/nursing mothers			

PATIENT MONITORING	**Patient Monitoring Parameters**	1. Pregnancy test - as clinically indicated			
		2. Blood pressure prior to initiating treatment, during dosage titration, and as clinically indicated			
		3. Monitor for emergence of suicidal ideation or behavior			
		4. Hepatic function testing - baseline and as clinically indicated			
	Dosing	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**

Additional Comments:
