



Medication Audit Checklist

Aripiprazole (Abilify®, Abilify® Maintena™, Aristada®)
Asenapine (Saphris®)
Brexipiprazole (Rexulti®)
Cariprazine (Vraylar®)
Iloperidone (Fanapt®)
Lumateperone (Caplyta®)
Lurasidone (Latuda®)
Olanzapine (Zyprexa®, Zyprexa® Relprevv™)
Paliperidone (Invega®, Invega Sustenna®, Invega Trinza®)
Quetiapine (Seroquel®)
Risperidone (Risperdal®, Risperdal Consta®)
Ziprasidone (Geodon®)

January 2022

Audit Information

Reviewer:
Drug:
Audit #:
Audit Date:
Dose:
Does this audit require a physician review? Y or N

Patient Information

Patient #:
Age:
Ordering Provider:

Admit Date:
Gender:
Attending Provider:

Indication This document lists only FDA-approved indications from the product labeling. The PEFC acknowledges that there are off-label indications for use that have supporting evidence for efficacy. If a medication is prescribed for an off-label indication, documentation in the patient chart is recommended.	Comments	Does this indication require a physician review?
<ul style="list-style-type: none"> • Aripiprazole: bipolar I disorder; irritability associated with Autistic Disorder; major depressive disorder, adjunct; schizophrenia; Tourette's disorder • Asenapine: bipolar I disorder; schizophrenia • Brexpiprazole: major depressive disorder, in combination with antidepressants; schizophrenia • Cariprazine: bipolar I disorder, acute mixed or manic episodes; depressed bipolar I disorder; schizophrenia • Iloperidone: schizophrenia • Lumateperone: depressive episodes in bipolar I or II disorder, monotherapy or in combination with lithium or valproate; schizophrenia • Lurasidone: depressive episodes in bipolar I 		

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<p>disorder, monotherapy or in combination with lithium or valproate; schizophrenia</p> <ul style="list-style-type: none"> ● Olanzapine: agitation, acute; bipolar I disorder, acute mixed or manic episodes, maintenance therapy; depressive episodes in bipolar I disorder, in combination with fluoxetine; major depressive disorder, treatment-resistant, in combination with fluoxetine; schizophrenia; ● Paliperidone: schizoaffective disorder; schizophrenia ● Quetiapine: bipolar disorder, depressive episodes; bipolar I disorder, acute manic or mixed episodes; bipolar I disorder, maintenance, in combination with lithium or valproate; major depressive disorder, adjunct; schizophrenia; bipolar I disorder ● Risperidone: bipolar I disorder, acute manic or mixed episodes, monotherapy or in combination with lithium or valproate; irritability associated with Autistic Disorder; schizophrenia ● Ziprasidone: agitation, acute; bipolar I disorder, 		

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<p>acute manic or mixed episodes, monotherapy; bipolar I disorder, maintenance, in combination with lithium or valproate; schizophrenia</p>		

<p>Contraindications</p>	<p>Comments</p>	<p>Does this contraindication require a physician review?</p>
<ul style="list-style-type: none"> • Hypersensitivity to agent or any components of the product • Asenapine: severe hepatic impairment (Child-Pugh C) • Lurasidone: coadministration with strong CYP3A4 inducers or inhibitors • Ziprasidone: known history of QT prolongation, including congenital long QT syndrome; concomitant administration with other drugs that cause QT prolongation; uncompensated heart failure; recent acute myocardial infarction 		

Patient Monitoring	Comments	Does this require a physician review?
<p>Baseline Tests:</p> <ul style="list-style-type: none"> ● Pregnancy test (females of childbearing potential) ● Waist circumference and BMI (weight in lbs x 703)/height² in inches ● FPG or HbA1c ● Fasting lipid panel within 30 days of initiation if not done within last year ● EPS evaluation (exam for rigidity, tremor, akathisia) ● TD assessment ● ECG at baseline or as soon as scheduling allows, and patient is able to cooperate ● Magnesium prior to initiating iloperidone and ziprasidone ● CBC ● CMP ● TSH <p>Ongoing Tests:</p> <ul style="list-style-type: none"> ● Bowel function- note at least weekly ● Pregnancy test (females) as clinically indicated ● BMI and waist circumference monthly for 6 months then quarterly when dose is stable ● FPG HbA1c repeat 3–4 months after starting then at least annually ● Fasting lipid panel 3-4 months after initiating a new antipsychotic and at least annually if lipid levels are in normal range; repeat every 6 months if LDL is > 130 mg/dL ● EPS evaluation weekly after initiation & dose increases, continue 2 weeks after last increase ● TD assessment every 3 months and as clinically indicated 		

Patient Monitoring	Comments	Does this require a physician review?
<ul style="list-style-type: none"> • ECG as clinically indicated • Serum potassium and magnesium periodically for iloperidone and ziprasidone if at risk of electrolyte disturbance • CBC as clinically indicated • CMP including renal and liver function annually • TSH as clinically indicated • Inquiry for symptomatic prolactin elevation yearly (quarterly during 1st year for antipsychotics associated with increased prolactin) • Prolactin level annually if symptoms of prolactin elevation (e.g. gynecomastia, amenorrhea) • Vision questionnaire and ocular evaluation yearly, ocular eval. every 2 years if ≤ 40 years old • Determine if metabolic syndrome criteria (3 of the 5 criteria) are met 3-4 months after initiating a new antipsychotic medication and at least annually thereafter • Olanzapine PAMOATE injection requires continuous observation for sedation/delirium at least 3 hrs after injection 		