



## Medication Audit Checklist

### Buspirone (Buspar)

August 2020

#### 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:

<b>Indication</b>	<b>Comments</b>	<b>Does this indication require a physician review?</b>
Generalized anxiety disorder  Major depressive disorder (monotherapy or augmentation)  Major depressive disorder, refractory (augmentation)  Social anxiety disorder (augmentation)		

<b>Contraindications - Absolute</b>	<b>Comments</b>	<b>Does this contraindication require a physician review?</b>
Concomitant use of MAOIs or within 14 days of discontinuing MAOIs  Hypersensitivity to buspirone hydrochloride		

<b>Patient Monitoring</b>	<b>Comments</b>	<b>Does this require a physician review?</b>
Pregnancy test – baseline and as clinically indicated		