



Medication Audit Checklist

SSRIs: citalopram (Celexa®), escitalopram (Lexapro®), fluoxetine (Prozac®), fluvoxamine (Luvox®), paroxetine (Paxil®), sertraline (Zoloft®)

PEFC Approved 8/2019

Reviewer:	Date:
Drug:	Dose:

Does this audit require a physician review? Yes No

Audit Information:

Audit #:

Patient Information

Patient #:	Admit Date:
Prescriber:	Attending:

Indications:

Does the indication require a physician review? Yes No

Note which indication(s) are present:

Anxiety Disorders (not fluvoxamine)	
Anxiety Disorders Adolescent – sertraline	

Indications: (continued)

Binge Eating (sertraline)	
Bulimia Nervosa (fluoxetine)	
Depressive Disorders (not fluvoxamine)	
Depressive Disorders Adolescents –escitalopram (≥ 12 years), fluoxetine (≥ 8 years); sertraline	
Dysthymia (fluoxetine, sertraline)	
Obsessive Compulsive Disorder (escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)	
Obsessive Compulsive Disorder Children/Adolescents – fluoxetine (≥ 7 years), fluvoxamine (≥ 8 years), sertraline (≥ 6 years); citalopram, paroxetine	
Panic Disorder (escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)	
Panic Disorder Children/Adolescent - citalopram	
Post-Traumatic Stress Disorder (PTSD) (fluoxetine, paroxetine, sertraline)	
Premenstrual Dysphoric Depressive Disorder (PMDD) (fluoxetine, paroxetine, sertraline)	

Indications: (continued)

Premenstrual Dysphoric Depressive Disorder (PMDD) Adolescent – fluoxetine	
Social Anxiety Disorder (paroxetine)	
Social Phobia (escitalopram, fluvoxamine, paroxetine, sertraline)	

Contraindications - Absolute:

Does this require a physician review?	Comments	Yes	No
Concomitant use of fluvoxamine with alosetron, tizanidine, ramelteon			
Concomitant use of sertraline concentrate with disulfiram			
Concomitant use with pimozide (citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline)			
Concomitant use with thioridazine (fluoxetine, fluvoxamine, paroxetine)			
Concurrent use of a MAO inhibitor including (or within 14 days of receiving citalopram, escitalopram, fluvoxamine, paroxetine or sertraline; or within 35 days of receiving fluoxetine)			
History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed			

Contraindications - Relative:

Does this require a physician review?	Comments	Yes	No
Concomitant use with other serotonergic drugs (triptans, tricyclic antidepressants, fentanyl, lithium, tramadol, buspirone, tryptophan, St. John's wort)			
Concurrent use of linezolid			
Pregnancy/nursing mothers			

Patient Monitoring - Parameters:

Does this require a physician review?	Comments	Yes	No
EKG – as clinically indicated (fluoxetine, sertraline)			
EKG – baseline and as clinically indicated (citalopram, escitalopram)			
Electrolytes – especially sodium level in high-risk patients (e.g., older than 65 years, previous history of antidepressant-induced hyponatremia, low body weight, concomitant use of thiazides or other hyponatremia-inducing agents, experiencing symptoms of hyponatremia), baseline, 4 weeks and as clinically indicated			
Height and weight – baseline, monthly and as clinically indicated (children, adolescents)			
Monitor for emergence of suicidal ideation or behavior			
Pregnancy test—baseline and as clinically indicated			v

Patient Monitoring - Dosing:

Does this require a physician review?	Comments	Yes	No
See HHSC Psychiatric Drug Formulary for dosage guidelines.			
Exceptions to maximum dosage must be justified as per medication rule.			