



Medication Audit Checklist

**Dextroamphetamine (Dexedrine[®], Zenzedi[®]),
dextroamphetamine/amphetamine mixture (Adderall[®]),
dexamethylphenidate ER (Focalin XR[®]), lisdexamfetamine (Vyvanse[®]),
methylphenidate (Ritalin[®], Concerta[®])**

July 2023

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 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?
Label: <ul style="list-style-type: none"> • Attention deficit hyperactivity disorder • Narcolepsy (methylphenidate; dextroamphetamine; dextroamphetamine/amphetamine mixture) • Binge eating disorder (lisdexamfetamine) Off Label: <ul style="list-style-type: none"> • Alzheimer’s Disease – indifference (methylphenidate) • Major depressive disorder (unipolar) in medically ill, palliative care, or elderly patients as monotherapy or adjunct (methylphenidate) 		

Contraindications	Comments	Does this contraindication require a physician review?
<ul style="list-style-type: none"> • Advanced arteriosclerosis (dextroamphetamine, dextroamphetamine/amphetamine) • Cardiovascular disease (dextroamphetamine, dextroamphetamine/amphetamine mixture) • Concomitant use or use within 14 days of MAOI administration, including linezolid or IV methylene blue; may result in hypertensive crisis • Fructose intolerance, glucose-galactose malabsorption, or sucrase-isomaltase insufficiency; contains sucrose (methylphenidate) • Glaucoma (dextroamphetamine, methylphenidate, dextroamphetamine/amphetamine mixture) • History of drug misuse/dependence 		

Contraindications	Comments	Does this contraindication require a physician review?
<ul style="list-style-type: none"> • Hypersensitivity to the medication prescribed or other components of the product • Hyperthyroidism • Marked agitation, anxiety, and tension; may aggravate symptoms • Moderate to severe hypertension • Tourette's syndrome or other motor or vocal tics (methylphenidate) 		

Patient Monitoring	Comments	Does this require a physician review?
<p>Baseline Tests:</p> <ul style="list-style-type: none"> • Pregnancy test (females) • Height and weight in children • Physical exam including cardiac assessment • ECG, as clinically indicated - based on family and patient history regarding symptoms of cardiac condition (e.g., palpitations, syncope, near syncope), and risk factors associated with sudden cardiac death • Blood pressure • Risk for misuse <p>Ongoing Tests:</p> <ul style="list-style-type: none"> • Pregnancy test (females) as clinically indicated • Height and weight in children as clinically indicated • Physical exam including cardiac assessment as clinically indicated • ECG, as clinically indicated - based on family and patient history regarding symptoms of cardiac condition (e.g., palpitations, syncope, near syncope), and risk factors associated with sudden cardiac death • Blood pressure at 1 to 3 months, then every 6 to 12 months and as clinically indicated 		

Patient Monitoring	Comments	Does this require a physician review?
<ul style="list-style-type: none"> • CBC as clinically indicated (dexamethylphenidate, methylphenidate) • Signs of misuse 		