



Medication Audit Checklist

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

April 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:

<p>Indication</p> <p>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.</p>	<p>Comments</p>	<p>Does this indication require a physician review?</p>
<ul style="list-style-type: none"> ● Citalopram: major depressive disorder ● Escitalopram: generalized anxiety disorder, major depressive disorder, major depressive disorder (children/adolescents ≥ 12 years*) ● Fluoxetine: bulimia nervosa, major depressive disorder, obsessive compulsive disorder, panic disorder, premenstrual dysphoric disorder, major depressive disorder (children/adolescents ≥ 8 years*), obsessive compulsive disorder (children/adolescents ≥ 7 years) ● Fluvoxamine: obsessive compulsive disorder, obsessive compulsive disorder (children/adolescents ≥ 8 years*) ● Paroxetine: generalized anxiety disorder, major depressive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, social anxiety disorder ● Sertraline: major depressive disorder, obsessive compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric disorder, social anxiety disorder, obsessive compulsive disorder (children/adolescents ≥ 6 years*) <p>* Indicates FDA approval in children/adolescents as specified</p>		

Contraindications	Comments	Does this contraindication require a physician review?
<ul style="list-style-type: none"> • Concomitant use of citalopram or escitalopram with pimozide • Concomitant use of fluoxetine with pimozide or thioridazine • Concomitant use of paroxetine with pimozide or thioridazine • Concomitant use of fluvoxamine with alosetron, tizanidine, ramelteon, pimozide, or thioridazine • Concomitant use of sertraline with disulfiram (oral concentrate) or pimozide • Concurrent use of a MAO inhibitor (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 • Concomitant use of linezolid or methylene blue 		

Patient Monitoring	Comments	Does this require a physician review?
<p>Baseline Tests:</p> <ul style="list-style-type: none"> • Pregnancy test (females) • ECG (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) • Weight • Height, and BMI – (children, adolescents) <p>Ongoing Tests:</p> <ul style="list-style-type: none"> • Pregnancy test (females) as clinically indicated • ECG as clinically indicated • 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), 4 weeks and as clinically indicated • Weight - at 3, 6, and 12 months, then annually • Height and BMI – monthly and as clinically indicated (children, adolescents) • Monitor for emergence of suicidal ideation or behavior 		