# Medication Audit Criteria and Guidelines

## Drug Audit Checklist

<table>
<thead>
<tr>
<th>Class:</th>
<th>STIMULANTS - methylphenidate (Ritalin®, Concerta™), dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine mixture (Adderall®)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug:</td>
<td>Medication Audit Criteria and Guidelines</td>
</tr>
</tbody>
</table>

**Reviewer:** | **Date:**
---|---

**Audit#** | **Comments** | **Requires Phys. Review**
---|---|---
Patient# | | Yes | No
Ordering Physician | | |

### INDICATIONS

1. Attention deficit disorder, with or without hyperactivity

2. Narcolepsy (methylphenidate; dextroamphetamine; dextroamphetamine/amphetamine mixture)

3. Severe treatment resistant depression or depression in medically compromised patients

### Contraindications

**Absolute**

1. History of anaphylactic reaction or similarly severe significant hypersensitivity to the medication prescribed

2. Severe depression in children (methylphenidate)

**Relative**

1. Tourette's syndrome or other motor or vocal tics

2. Pre-existing psychosis

3. Hypertension

4. Cardiovascular disease (dextroamphetamine, dextroamphetamine/amphetamine mixture)

5. Glaucoma (dextroamphetamine, methylphenidate, dextroamphetamine/amphetamine mixture)

6. History of drug abuse/dependence

7. Hyperthyroidism

8. Pregnant or nursing mothers

### PATIENT MONITORING

**Dosing**

1. Height and weight in children (baseline and as clinically indicated)

See DSHS/DADS Drug Formulary for dosage guidelines.

Exceptions to maximum dosage must be justified as per medication rule.
## Drug Audit Checklist

**Drug**: STIMULANTS - methylphenidate (Ritalin®, Concerta™), dextroamphetamine (Dexedrine®), dextroamphetamine/amphetamine mixture (Adderall®)

<table>
<thead>
<tr>
<th>Patient#</th>
<th>Comments</th>
<th>Requires Phys.Review</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

| Ordering Physician | |
|--------------------||

<table>
<thead>
<tr>
<th>Date Referred</th>
<th>Date Reviewed</th>
<th>Comments</th>
<th>Physician's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Additional Comments:

- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
- 
-