Drug Audit Checklist 6

Reviewer:	**Date:**
Class:	
Drug: valproic acid (Depakene®), divalproex sodium (Depakote®, Depakote® ER)	

Audit#			Comments	Requires Phys. Review	
Patient#				Yes	No
Ordering Physician					
INDICATIONS	1. Bipolar disorder and other cyclic mood disorders				
	2. Aggressive behavior secondary to a psychiatric disorder				
	3. Impulse control disorders				
Contraindications	*Absolute*	1. History of anaphylactic reaction or similarly severe significant hypersensitivity to medication prescribed			
		2. Severe hepatic dysfunction			
		3. Known mitochondrial disorders caused by mutations in mitochondrial DNA polymerase gamma			
		4. Urea cycle disorders			
	Relative	1. Mild to moderate hepatic disease/impairment			
		2. Blood dyscrasias, clotting disorders or concomitant drugs that alter clotting function (aspirin, non-steroidal anti-inflammatory drugs, warfarin, heparin, low molecular weight heparins, clopidogrel etc.)			
		3. Pregnancy/nursing mothers			
		4. Hyperammonemia			

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PATIENT MONITORING	**Patient Monitoring Parameters**	1. CBC - with differential and platelet count - baseline then one (1) to two (2) weeks after each dosage increase, every 3 months for the first year of treatment, and then annually as clinically indicated			
		2. Comprehensive Metabolic Panel (hepatic function serum creatinine, BUN and electrolytes) - baseline, every 3 months for first year of treatment, then annually and as clinically indicated			
		3. Pregnancy Test – baseline as appropriate and as clinically indicated			
		4. Valproic acid level – 1-2 weeks after initiation and dosage change, then as clinically indicated.			
		5. Weight – baseline, quarterly for the first year of treatment, then annually and as clinically indicated			
		6. Monitor for emergence of suicidal ideation or behavior			
		• Usual therapeutic trough levels for bipolar disorder is 50-125 mcg/ml for valproic acid and divalproex delayed release (Depakote®). • For divalproex extended release (Depakote® ER) it is 85 – 125 mcg/ml (trough) for the treatment of acute mania. A lower therapeutic trough level may be needed with divalproex extended release for maintenance treatment. For extended release products, a trough level is considered to be 18 to 24 hours after the last dose. • Therapeutic ranges for the lab used should be listed on the report.			
	Dosing	1. Take with food to avoid stomach upset			
		2. See DSHS/DADS Formulary for dosage guidelines.			
		3. Exceptions to maximum dosage must be justified as per medication rule.			

Date Referred	**Date Reviewed**	**Comments**	**Physician's Signature**

Additional Comments:
