

Medication Audit Criteria and Guidelines
Drug Audit Checklist 2

Reviewer:	Date:
Class:	
Drug: lamotrigine (Lamictal®)	

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

INDICATIONS	<ol style="list-style-type: none"> 1. Bipolar disorders (not monotherapy for acute mania or monotherapy with an antidepressant) and other cyclic mood disorders <ul style="list-style-type: none"> • Lamotrigine has not been shown to be effective in preventing antidepressant induced mania 			
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Contraindications	<i>Absolute</i>	<ol style="list-style-type: none"> 1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed. 			
	<i>Relative</i>	<ol style="list-style-type: none"> 1. Pregnancy/nursing mothers 			

PATIENT MONITORING	Patient Monitoring Parameters	<ol style="list-style-type: none"> 1. Renal Function - baseline and as clinically indicated 			
		<ol style="list-style-type: none"> 2. Hepatic Function - baseline, and as clinically indicated 			
		<ol style="list-style-type: none"> 3. Pregnancy Test - as clinically indicated 			
		<ol style="list-style-type: none"> 4. CBC – baseline and as clinically indicated 			
		<ol style="list-style-type: none"> 5. Monitor for emergence of suicidal ideation or behavior. 			
		<ol style="list-style-type: none"> 6. Monitor for rash, especially during the first two months of therapy 			
	Dosing	<ol style="list-style-type: none"> 1. See DSHS/DADS Drug Formulary for dosage guidelines. 			
		<ol style="list-style-type: none"> 2. Titrate dose per manufacturer’s package insert to minimize risk of significant side effects 			
		<ol style="list-style-type: none"> 3. If therapy lapses for greater than 5 half-lives, the labeling recommends re-titrating the medication to minimize the incidence of rash 			
		<ol style="list-style-type: none"> 4. The medication should be discontinued gradually (over at least two weeks) unless significant adverse effects (e.g., rash) or other serious adverse events exist 			
<ol style="list-style-type: none"> 5. Exceptions to maximum dosage must be justified as per medication rule 					

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Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:
