

Medication Audit Criteria and Guidelines

**Drug Audit Checklist 5**

<b>Reviewer:</b>	<b>Date:</b>
<b>Class:</b>	
<b>Drug: topiramate (TOPAMAX®)</b>	

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

INDICATION	1. Treatment resistant bipolar disorder (adjunct only)		
	2. Weight loss or prevention of weight gain from antipsychotic or divalproex therapy		
	3. Alcohol dependence		

Contraindications	Absolute		
	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed		
	Relative	1. Pregnancy/nursing mothers	
	2. Glaucoma		
	3. Metabolic acidosis		

Patient Monitoring	Patient Monitoring Parameters	1. Comprehensive Metabolic Panel (renal and hepatic function, serum bicarbonate) – baseline, 3 months, annually and as clinically indicated		
		2. Pregnancy Test – as clinically indicated		
		3. Eye Exam – baseline and annually		
		4. Monitor for emergence of suicidal ideation or behavior		
		5. If used for weight loss, monitor weight baseline, quarterly and as clinically indicated		
	Dosing	1. See DSHS/DADS Drug Formulary for dosage guidelines. 2. Exceptions to maximum dosage must be justified as per medication rule.		

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<b>Date Referred</b>	<b>Date Reviewed</b>	<b>Comments</b>	<b>Physician's Signature</b>

Additional Comments:
