

Medication Audit Criteria and Guidelines

**Drug Audit Checklist 20**

<b>Reviewer:</b>	<b>Date:</b>
<b>Class:</b>	
<i>Drug: ANTIPSYCHOTICS</i> thioridazine (Mellaril®)	

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

INDICATIONS	1. Schizophrenia, refractory (failed other classes of antipsychotics)		

Contraindications	Absolute	1) History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed or structurally related medication		
		2) Severe CNS depression		
		3) QTc> 450 msec		
		4) Concomitant use of drugs known to prolong QTc interval		
		5) Cogential long QT syndrome		
		6) Personal history of syncope		
		7) Family history of sudden death at an early age (under age of 40 years)		
		8) Known heart disease		
		9) Hypomagnesemia		
		10) Hypokalemia		
		11) Retinitis Pigmentosa		
		12) Known poor CYP2D6 metabolizer		
		13) Concomitant use with drugs that inhibit thioridazine metabolism (fluvoxamine, propranolol, pindolol)		
		14) Concomitant use with drugs that inhibit CYP2D6 (fluoxetine, paroxetine)		

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thioridazine (Mellaril®)

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<b>Contraindications - continued</b>	<b>Relative</b>	1) Pregnancy/Nursing Mothers		
		2) History of drug induced agranulocytosis or leukopenia		
		3) Breast Cancer		
		4) History of neuroleptic malignant syndrome		
		5) Narrow angle glaucoma		
		6) Impaired hepatic function		
		7) Prostatic hypertrophy		
		8) Parkinson's disease		

<b>PATIENT MONITORING</b>	<b>Patient Monitoring Parameters</b>	1) Pregnancy test – as clinically indicated		
		2) BMI <u>and waist circumference</u> measurements – when a new antipsychotic is initiated, at every visit (monthly for inpatients) for 6 months after the new antipsychotic is initiated and quarterly when the antipsychotic dose is stable.		
		3) Fasting plasma glucose level or hemoglobin A <sub>1c</sub> – before initiating a new antipsychotic, then yearly.  If a patient has significant risk factors for diabetes and for those that are gaining weight – before initiating a new antipsychotic, 4 months after starting an antipsychotic, and then yearly.		
		4) Lipid screening [total cholesterol, low- and high-density lipoprotein (LDL and HDL) cholesterol, and triglycerides] – Every 2 years or more often if lipid levels are in the normal range, every 6 months if the LDL level is > 130 mg/dl  If no lipid screening has been done within the last 2 years, then a lipid profile should be obtained within 30 days of initiation of the drug.		

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<b>PATIENT MONITORING Continued</b>	<b>patient Monitoring Parameters</b>	<p>5) Sexual function inquiry – inquire for evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory disturbance yearly.</p> <p>If a patient is receiving an antipsychotic known to be associated with prolactin elevation, then at each visit (quarterly for inpatients) for the first 12 months after starting an antipsychotic or until the medication dose is stable and then yearly</p>			
		6) Prolactin level – if there is evidence of galactorrhea/gynecomastia, menstrual disturbance, libido disturbance or erectile/ejaculatory yearly.			
		7) EPS Evaluation (examination for rigidity, tremor, akathisia) – before initiation of any antipsychotic medication, then weekly for the first 2 weeks after initiating treatment with a new antipsychotic or until the dose has been stabilized and weekly for 2 weeks after a dose increase.			
		8) Tardive dyskinesia evaluation – every 3 months and as clinically indicated.			
		9) Vision questionnaire – ask whether the patient has experienced a change in vision and should specifically ask about distance vision and blurry vision – yearly			
		10) Ocular evaluations – yearly for patients older than age 40 years; every 2 years for younger patients			
		11) Serum potassium level – baseline, every six months and as clinically indicated			
		12) Serum magnesium level – baseline and as clinically indicated (especially if potassium level is low)			
		13) EKG prior to initiating therapy; 7-14 days after dose change; 7-14 days after other medication changes that could significantly alter the cardiac effects of thioridazine; every six months; and as clinically indicated.			

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<b>Dosing</b>	See DSHS/DADS Drug Formulary for dosage guidelines.  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:
