

Medication Audit Criteria and Guidelines
Drug Audit Checklist 29

Reviewer:	Date:
Class:	
Drug: gabapentin (Neurontin®)	

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

INDICATIONS	1. Chronic Pain Disorders			
	2. Treatment refractory anxiety disorders			
	3. Co-morbid anxiety in bipolar disorder (not as monotherapy)			

Contraindication	<i>Absol</i>	1. History of anaphylactic reaction and similarly severe significant hypersensitivity to medication prescribed			
	<i>Relative</i>	1. Renal Failure: creatinine clearance < 15 ml/min			
		2. Pregnancy/nursing mothers			

PATIENT MONITORING	Patient Monitoring Parameters	1. Renal Function Test - baseline and as clinically indicated			
		2. Monitor for suicidal ideation or behavior			
	Dosing	1. See DSHS/DADS Drug Formulary for dosage guidelines.			
		2. Exceptions to maximum dosage must be justified as per medication rule.			
		3. Bioavailability decreases as the dose increases.			

Date Referred	Date Reviewed	Comments	Physician's Signature

Additional Comments:
