

Medication Audit Criteria and Guidelines
Drug Audit Checklist 4

Reviewer:	Date:
Class:	
Drug: oxcarbazepine (Trileptal®)	

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

INDICATIONS				
	1. Bipolar disorder and other cyclic mood disorders			

Contraindications	Absolute					
		1. History of anaphylactic reaction or similarly severe significant hypersensitivity to carbamazepine or oxcarbazepine				
	Relative	1. Hyponatremia				
		2. Severe bone marrow suppression				
		3. HLA-B*1502 allele				
		4. Severe renal impairment				
5. Severe hepatic impairment						

PATIENT MONITORING	Patient Monitoring Parameters					
		1. CBC with differential – baseline and 1 to 2 weeks after each dose increase, annually, and as clinically indicated				
		2. Electrolytes – baseline and 1 to 2 weeks after each dose increase, annually, and as clinically indicated				
		3. Hepatic function -baseline and annually				
		4. Pregnancy Test – baseline as appropriate and as clinically indicated				
		5. For patients with Asian descent, genetic test for HLA-B*1502 at baseline (prior to the initiation of oxcarbazepine). May use results of previously completed testing				
		6. Monitor for the emergence of suicidal ideation or behavior				
	Dosing	1. See DSHS/DADS Formulary for dosage guidelines. 2. 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:
