

[REDACTED]

**SUBJECT:** MEDICATION REFILL STANDING ORDER  
**EFFECTIVE DATE:** July 2011  
Oral contraceptives updated 8/10/11  
Compliance definition, exclusions and numerous screening parameters updated 10/25/11  
Clonidine monitoring updated 11/22/11  
Statin monitoring updated 3/9/12

**APPROVED FOR USE AS A POPULATION BASED STANDING ORDER BY:**

**SUPERSEDES:** July 2010

**REVIEW DATE:** July 2012

**PURPOSE:**

To provide a process for RNs and Pharmacists to review and approve maintenance prescription refill requests.

**POLICY:**

To provide in a safe, efficient manner, approval for a supply of medication for patients (this would also include supplies for maintenance medications, for example, insulin syringes). The RN or Pharmacist is the agent of the prescriber delegated to refill medications as per the following procedure. Prescriptions must clearly originate with [REDACTED] authorized prescribers.

**PROCEDURE:**

1. Obtain information from the requesting pharmacy: patient's name, medical number or date of birth, pharmacy, pharmacy phone number, medication requested, amount requested and the last date the medication was ordered. Document the information in a phone message or an EpicCare Refill Encounter. A 24 to 48 hour turn-around time on a medication request is necessary.
2. Review the patient's medical record for the following areas:
  - a. Review the record for compliance. In order to refill medications, a patient needs to be adherent to follow-up plan or seen annually (primary care, hospital physician or [REDACTED] visit for any reason within the last 12 month; emergency room, urgent care and E-visits are not considered primary care) or as indicated in the plan of the last visit. If a prescription is started during a hospitalization by an [REDACTED] hospitalist, refill as per protocol if a primary care follow-up visit has taken place since that hospitalization. If the patient is overdue for a visit, a refill (up to three months) is approved to allow the patient the opportunity to be seen by his/her provider. Contact the patient by phone or mail to explain the need for a follow-up appointment. The pharmacy is also notified that the patient needs to see his/her physician and should note this on the prescription. All communications and outcomes are documented in the patient's medical record.
  - b. Verify the medication and dosage. The patient must be contacted if any discrepancies are noted, for example, a medication is being refilled too frequently for the way it is prescribed. Also, the patient is contacted for any p.r.n. medications that are being used with increased frequency, for example, sublingual nitroglycerin, migraine medications or narcotics. Identified problems are clearly documented in the medical record.

- c. Verify that lab testing/monitoring is not required before ordering refills. (See Refill Guidelines attached.) If patient is due for testing/monitoring, a refill may be provided to allow the patient the opportunity to see the provider/complete tests or monitoring. The RN or Pharmacist will order the appropriate lab tests in Epic and will ensure communication of needed tests to patient.
  - d. If a medication alert appears when the refill order is placed, verify that the patient has had a previous order for this medication and history of tolerating the medication, and then proceed to refill. If there are any questions or concerns, forward to the ordering provider.
3. The following medications are excluded from this policy. Refill requests including but not limited to the following list must be routed to a licensed prescriber. RN or Pharmacist use “.no standing order” or “.narcotics” for narcotic medications, to document that the request is being routed to a licensed prescriber.
    - a. Controlled Substances
    - b. Oral Steroids
    - c. Cox II inhibitors
    - d. Chemotherapeutic agents
    - e. Antibiotics (see Dental Antibiotic Prophylaxis After Joint Replacement Surgery Standing Order when appropriate)
    - f. Vitamin D doses greater than 2000 U
    - g. Antidepressants and antipsychotics
    - h. Indications of non-compliance, including overuse or underuse
    - i. Indications that the patient may be experiencing a side effect or drug interaction
    - j. Requests to change from a brand name medication to a generic when a physician specified the brand name to be used
  4. Refills may be given to last until the patient is due for his next visit or needs monitoring lab tests, not to exceed one year from the last visit.
    - a. RNs or Pharmacists may increase the quantity from 30 to 90 days supply per patient request or to meet the mail order benefit.
    - b. This excludes scheduled medications (II – V) and psychotherapeutic drugs and any medication excluded from this standing order (per section 3).
  5. The DISPENSING PHARMACIST may change the quantity and days supply dispensed on **maintenance** medications, up to a 3-month supply, to meet patient requests or a mail order benefit. This policy excludes all scheduled medications (II – V), psychotherapeutic drugs and any medication ordered by a behavioral health provider.
  6. Refills are returned to or called into the pharmacy of the patient’s choice.
  7. Document that the medication was refilled per standing order (PSO).
  8. The RN or Pharmacist may question any medication refill and refer to an ordering provider for review. If the medication cannot be filled per the standing order, the request should be routed to the physician for review.

### **Monitoring Parameters for Selected Medications**

**NOTE:** This is not an all-inclusive list. The RN or Pharmacist may review any maintenance medication that falls into the categories below unless it is identified in the exclusions. Although a specific drug may not be listed below, the monitoring parameters apply to all medications in the drug class. For combination products, the RN or Pharmacist will review the parameters for each component. RNs and Pharmacists may also consult the PDR, Facts and Comparisons, or clinical Pharmacy Specialist for drug specific monitoring.

## Allergy

Medications	Monitoring
ANTIHISTAMINES (oral) <ul style="list-style-type: none"> <li>desloratidine (Clarinet®)</li> <li>levocetirizine (Xyzal®)</li> </ul> ANTIHISTAMINES (nasal) <ul style="list-style-type: none"> <li>azelastine (Astelin®)</li> <li>olopatadine (Patanase®)</li> </ul>	
NASAL STEROIDS <ul style="list-style-type: none"> <li>budesonide (Rhinocort®)</li> <li>fluticasone (Flonase®)</li> <li>mometasone (Nasonex®)</li> <li>triamcinalone (Nasacort®)</li> <li>ciclesonide (Omnaris®)</li> <li>fluticasone furoate (Veramyst®)</li> </ul>	

## Anti-herpetics

Medications	Monitoring
ORAL AGENTS <ul style="list-style-type: none"> <li>acyclovir</li> <li>famciclovir (Famvir®)</li> <li>valacyclovir (Valtrex®)</li> </ul>	Annually in patient's with known renal insufficiency <ul style="list-style-type: none"> <li>BUN</li> <li>serum creatinine</li> </ul>
TOPICAL AGENTS <ul style="list-style-type: none"> <li>acyclovir (Zovirax®)</li> <li>penciclovir (Denavir®)</li> </ul>	

## Benign Prostatic Hyperplasia (BPH)

Medications	Monitoring
<ul style="list-style-type: none"> <li>alfuzosin HCl (Uroxatral®)</li> <li>silodosin (Rapaflo®)</li> <li>tamsulosin (Flomax®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>BP</li> </ul>
<ul style="list-style-type: none"> <li>finasteride (Propecia®, Proscar®)</li> <li>dutasteride (Avodart®)</li> </ul>	

## Cardiovascular (not HTN)

Medications	Monitoring
All cardiovascular (not HTN) medications	<ul style="list-style-type: none"> <li>BP annually</li> </ul>
<ul style="list-style-type: none"> <li>amiodarone (Cordarone®)</li> </ul>	<ul style="list-style-type: none"> <li>3 months, and every 6 months: TSH</li> <li>Every 6 months: ALT preferred, AST acceptable</li> <li>Annually (or as needed per symptoms): chest radiograph and EKG</li> <li>refill only 6 months</li> </ul>
<ul style="list-style-type: none"> <li>dronedarone (Multaq®)</li> </ul>	<ul style="list-style-type: none"> <li>refill only 6 months</li> </ul>
<ul style="list-style-type: none"> <li>isosorbide (Isordil®, Imdur®)</li> </ul>	
<ul style="list-style-type: none"> <li>nitroglycerin/ NTG (Nitrostat®, Nitrol®, Nitrek®, Minitran®)</li> </ul>	
<ul style="list-style-type: none"> <li>warfarin (Coumadin®)</li> </ul>	<ul style="list-style-type: none"> <li>INR within last 2 months, if no, route to clinic RN</li> <li>Refer to Warfarin standing orders and SmartForm</li> </ul>
<ul style="list-style-type: none"> <li>digoxin (Lanoxin®)</li> <li>clopidroget (Plavix®)</li> <li>prasugrel (Effient®)</li> </ul>	<ul style="list-style-type: none"> <li>K+, BP, serum creatinine annually</li> </ul>

## Cholesterol

Medications	Monitoring

<b>FIBRATES</b> <ul style="list-style-type: none"> <li>gemfibrozil (Lopid®)</li> <li>fenofibrate (Tricor®, Lofibra®, Antara™, Triglide®, others)</li> <li>fenofibric acid (Trilipix®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>ALT preferred, AST acceptable</li> <li>Lipid panel</li> </ul>
<b>STATINS</b> <ul style="list-style-type: none"> <li>atorvastatin (Lipitor®)</li> <li>pravastatin (Pravachol®)</li> <li>simvastatin (Zocor®)</li> <li>fluvastatin (Lescol/ Lescol XL®)</li> <li>lovastatin (Mevacor®, Altocor®, generics)</li> <li>rosuvastatin (Crestor®)</li> <li>simvastatin/ezetimibe (Vytorin®)</li> <li>lovastatin/niacin ER (Advicor®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>Lipid panel or LDL</li> </ul>
<ul style="list-style-type: none"> <li>Ezetimibe (Zetia®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>Lipid panel or LDL</li> </ul>
<b>NIACIN</b> <ul style="list-style-type: none"> <li>Niacin ER (Niaspan®)</li> </ul>	Every 6 months <ul style="list-style-type: none"> <li>ALT preferred, AST acceptable</li> </ul> Annually/dosage change <ul style="list-style-type: none"> <li>Lipid panel</li> </ul> New start <ul style="list-style-type: none"> <li>ALT preferred, AST acceptable every 6-12 weeks for first year.</li> </ul>
<b>OMEGA-3 FATTY ACIDS</b> <ul style="list-style-type: none"> <li>Omega-3-acid ethyl esters (Lovaza®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>ALT preferred, AST acceptable</li> <li>Lipid panel</li> </ul>

## Diabetes

Medications	Monitoring
FOR ALL DIABETES MEDICATIONS	Annually <ul style="list-style-type: none"> <li>serum creatinine</li> <li>ALT preferred, AST acceptable</li> <li>BP</li> <li>Lipid panel or LDL</li> <li>HgbA1c – if last <math>\geq 8\%</math> repeat in 3 months</li> </ul>
<b>BIGUANIDES</b> <ul style="list-style-type: none"> <li>metformin (Glucophage®, Glucophage XR®)</li> </ul>	If taking for diabetes prevention and/or treatment of polycystic ovaries, only annual serum creatinine required
<b>INSULIN</b> <ul style="list-style-type: none"> <li>insulin (Apidra®, Humalog®, Lantus®, Levemir®, Novolog®, NPH, Regular)</li> <li>supplies</li> </ul>	
<b>GLUCAGON-LIKE PEPTIDE 1 AGONIST</b> <ul style="list-style-type: none"> <li>Exenatide injection (Byetta®)</li> <li>Liraglutide injection (Victoza®)</li> <li>Pramlintide injection (Symlin®)</li> </ul>	
<b>DIPEPTIDYL PEPTIDASE IV INHIBITOR</b> <ul style="list-style-type: none"> <li>Saxagliptin (Onglyza®)</li> <li>Sitagliptin (Januvia®)</li> </ul>	
<b>SULFONYLUREAS</b> <ul style="list-style-type: none"> <li>glimeperide (Amaryl®)</li> <li>glipizide (Glucotrol®, Glucotrol XL®)</li> <li>glyburide (Micronase®, Diabeta®)</li> </ul>	
<b>THIAZOLIDINEDIONES</b> <ul style="list-style-type: none"> <li>pioglitazone (Actos®)</li> </ul>	

MEGLITINIDES	
<ul style="list-style-type: none"> <li>nateglinide (Starlix®)</li> <li>repaglinide (Prandin®)</li> </ul>	
COMBINATIONS	
<ul style="list-style-type: none"> <li>metformin/pioglitazone (Actoplusmet®)</li> <li>metformin/rosiglitazone (Avandamet®)</li> <li>metformin/glipizide (Metaglip®)</li> <li>metformin/glyburide (Glucovance®)</li> <li>glimepiride/pioglitazone (Duetact®)</li> <li>metformin/sitagliptin (Janumet®)</li> <li>metformin/repaglinide (Prandimet®)</li> </ul>	<ul style="list-style-type: none"> <li>Follow the monitoring guidelines of the medication components.</li> </ul>
BLOOD GLUCOSE TESTING SUPPLIES	

### Hormone Replacement

Medications	Monitoring
<ul style="list-style-type: none"> <li>conjugated estrogens (Premarin®)</li> <li>conjugated estrogens/ medroxyprogesterone (Combipatch®, Premphase®, Prempro®)</li> <li>esterified estrogen/ methyltestosterone (Estratest®, Estratest HS®)</li> <li>estrodial (Estrace®, Estraderm®, Vivelle®)</li> <li>ethinyl estradiol/ norethindrone (FemHRT®)</li> <li>medroxyprogesterone (Provera®)</li> <li>progesterone (Prometrium®)</li> </ul>	Annually <ul style="list-style-type: none"> <li>mammography (beginning at age 40)</li> <li>Pap (per Health Maintenance)</li> </ul>

### Hypertension

#### ACE Inhibitors

Medications	Monitoring
<ul style="list-style-type: none"> <li>captopril (Capoten®)</li> <li>benazepril/amlodipine (Lotrel®)</li> <li>enalapril (Vasotec®)</li> <li>enalapril/HCTZ (Vasoretic®)</li> <li>lisinopril (Prinivil®, Zestril®)</li> <li>lisinopril/HCTZ (Prinzide®, Zestoretic®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>K+</li> <li>serum creatinine</li> <li>sodium (only applies to medications that include a diuretic such as HCTZ or chlorthalidone)</li> <li>BP</li> </ul>

#### Alpha Blockers

Medications	Monitoring
<ul style="list-style-type: none"> <li>doxazosin (Cardura®)</li> <li>prazosin (Minipress®)</li> <li>terazosin (Hytrin®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>BP</li> </ul>

#### Alpha/Beta and Beta Blockers

Medications	Monitoring
<ul style="list-style-type: none"> <li>atenolol (Tenormin®)</li> <li>atenolol/chlorthalidone (Tenoretic®)</li> <li>carvedilol (Coreg®, Coreg CR®)</li> <li>labetalol (Trandate®, Normodyne®)</li> <li>metoprolol (Lopressor®, Toprol XL)</li> <li>propranolol (Inderal®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>BP</li> <li>Heart rate</li> </ul>

#### Angiotensin II Receptor Blockers

Medications	Monitoring
<ul style="list-style-type: none"> <li>irbesartan (Avapro®)</li> <li>irbesartan/HCTZ (Avalide®)</li> <li>losartan (Cozaar®)</li> <li>losartan/HCTZ (Hyzaar®)</li> <li>telmisartan (Micardis®)</li> <li>telmisartan/HCTZ (Micardis HCT)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>K+</li> <li>serum creatinine</li> <li>sodium (only applies to medications that include a diuretic)</li> <li>BP</li> </ul>

### Calcium Channel Blockers

Medications	Monitoring
<ul style="list-style-type: none"> <li>amlodipine (Norvasc®)</li> <li>diltiazem (Cardizem®, Cardizem CD/SR®, Dilacor®)</li> <li>nifedipine (Procardia XL®) long acting</li> <li>verapamil (Calan®, Calan SR®, Isoptin®, Verelan®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>BP</li> <li>Heart rate (diltiazem, verapamil)</li> </ul>

### Central Acting Antiadrenergics

Medications	Monitoring
<ul style="list-style-type: none"> <li>clonidine (Catapres®, Catapres TTS®)</li> <li>methyldopa (Aldomet®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>serum creatinine (NA for pts &lt;18 yrs on clonidine)</li> <li>BP</li> </ul>

### Direct Renin Inhibitors

Medications	Monitoring
<ul style="list-style-type: none"> <li>aliskiren (Tekturna®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>K+</li> <li>serum creatinine</li> <li>BP</li> </ul>

### Diuretics

Medications	Monitoring
<ul style="list-style-type: none"> <li>furosemide (Lasix®)</li> <li>hydrochlorothiazide/ HCTZ (Hydrodiuril®)</li> <li>chlorthalidone (Thalitone®)</li> <li>indapamide (Lozol®)</li> <li>spironolactone (Aldactone®)</li> <li>eplerenone (Inspra®)</li> <li>triamterene/HCTZ (Dyazide®, Maxzide®)</li> <li>metolazone (Zaroxolyn®)</li> </ul>	Annually/dosage change <ul style="list-style-type: none"> <li>K+</li> <li>serum creatinine</li> <li>sodium</li> <li>BP</li> </ul>

### Hypothyroidism

Medications	Monitoring
<ul style="list-style-type: none"> <li>levothyroxine (Synthroid®, Levothroid®)</li> <li>liothyronine (Cytomel®)</li> </ul>	Annually/ dosage change (no sooner than 6wks) <ul style="list-style-type: none"> <li>TSH sensitive</li> </ul>

### Migraine

Medications	Monitoring
<ul style="list-style-type: none"> <li>almotriptan (Axert®)</li> <li>eletriptan (Relpax®)</li> <li>rizatriptan (Maxalt®)</li> <li>sumatriptan (Imitrex®)</li> <li>frovatriptan (Frova®)</li> <li>naratriptan (Amerge®)</li> </ul>	

**Nonprescription/Over-the-counter (OTC) Medications** (not listed elsewhere)

Medications	Monitoring
ALL	May refill for one year regardless of date of last visit. Review for the following using a reputable drug information source, such as Micromedex or Up-To-Date: <ul style="list-style-type: none"> <li>• No contraindications for use exist</li> <li>• Lack of significant drug, disease or dietary interactions.</li> <li>• Dosage/usage appropriate</li> <li>• Therapeutic benefit (effectiveness) demonstrated</li> <li>• Lack of significant adverse effects</li> </ul>

**Non-Steroidal Anti-Inflammatory Drugs**

Medications	Monitoring
<ul style="list-style-type: none"> <li>• flurbiprofen (Ansaid®)</li> <li>• ibuprofen (Motrin®)</li> <li>• indomethacin (Indocin®)</li> <li>• meloxicam (Mobic®)</li> <li>• naproxen (Naprosyn®)</li> <li>• piroxicam (Feldene®)</li> <li>• salsalate (Disalcid®)</li> <li>• sulindac (Clinoril®)</li> <li>• tolmetin (Tolectin®)</li> </ul>	Annually <ul style="list-style-type: none"> <li>• serum creatinine</li> <li>• Hgb</li> <li>• ALT preferred, AST acceptable (if on sulindac [Clinoril®])</li> </ul>

**Oral Contraceptives**

Medications	Monitoring
<ul style="list-style-type: none"> <li>• various products</li> </ul>	Annually <ul style="list-style-type: none"> <li>• BP</li> <li>• Pap (per Health Maintenance)</li> </ul>

**Osteoporosis**

Medications	Monitoring
BISPHOSPHONATES <ul style="list-style-type: none"> <li>• alendronate (Fosamax®)</li> <li>• alendronate/ cholecalciferol (Fosamax +D®)</li> <li>• risedronate (Actonel®)</li> <li>• ibraondranoate (Boniva®)</li> </ul>	

**PUD (peptic ulcer)/ GERD (reflux)**

Medications	Monitoring
H2 BLOCKERS <ul style="list-style-type: none"> <li>• cimetidine (Tagamet®)</li> <li>• famotidine (Pepcid®)</li> <li>• ranitidine (Zantac®)</li> </ul>	
PROTON PUMP INHIBITORS <ul style="list-style-type: none"> <li>• dexlansoprazole (Dexilant®)</li> <li>• lansoprazole (Prevacid®)</li> <li>• omeprazole (Prilosec®)</li> <li>• pantoprazole (Protonix®)</li> <li>• rabeprazole (Aciphex®)</li> <li>• esomeprazole (Nexium®)</li> </ul>	



## Respiratory

Medications	Monitoring
<b>BRONCHODILATOR INHALERS</b> <ul style="list-style-type: none"> <li>albuterol (Proair®, Ventolin HFA®)</li> <li>albuterol/ipratropium (Combivent®)</li> <li>ipratropium (Atrovent®)</li> <li>pirbuterol (Maxair®)</li> <li>salmeterol (Serevent®)</li> <li>tiotropium (Spiriva®)</li> </ul>	<ul style="list-style-type: none"> <li>If asthma is not on the problem list, 1 month refill and direct patient to schedule a provider appointment.</li> <li>If clinic visit within last 12 months with asthma diagnosis, refills up to 1 year from that visit. If no visit, refill for one month and direct to schedule provider appointment.</li> </ul>
<b>BRONCHODILATOR for NEBULIZER</b> <ul style="list-style-type: none"> <li>albuterol (Proventil®, Ventolin®)</li> <li>albuterol/ipratropium (Duoneb®)</li> <li>ipratropium (Atrovent®)</li> </ul>	See Bronchodilator Inhaler monitoring
<b>LEUKOTRIENE MODIFIERS</b> <ul style="list-style-type: none"> <li>montelukast (Singulair®)</li> </ul>	See Bronchodilator Inhaler monitoring
<b>STEROID INHALERS</b> <ul style="list-style-type: none"> <li>beclomethasone (QVar®)</li> <li>mometasone furoate (Asmanex®)</li> <li>budesonide (Pulmicort®)</li> <li>fluticasone (Flovent®)</li> <li>fluticasone/salmeterol (Advair®)</li> <li>budesonide/formoterol (Symbicort®)</li> </ul>	See Bronchodilator Inhaler monitoring
<b>STEROID for NEBULIZER</b> <ul style="list-style-type: none"> <li>budesonide (Respules®)</li> </ul>	
<b>THEOPHYLLINE</b> <ul style="list-style-type: none"> <li>various products</li> </ul>	Annually <ul style="list-style-type: none"> <li>theophylline level</li> </ul>

## Seizures

Medications	Monitoring
<ul style="list-style-type: none"> <li>carbamazepine (Tegretol®)</li> <li>phenytoin (Dilantin®)</li> <li>valproic acid (Depakote®, Depakote ER®)</li> <li>gabapentin (Neurontin®)</li> <li>lamotrigine (Lamictal®)</li> <li>levetiracetam (Keppra®)</li> <li>oxcarbamazepine (Trileptal®)</li> <li>topiramate (Topamax®)</li> <li>zonisamide (Zonegran®)</li> </ul>	Annually <ul style="list-style-type: none"> <li>drug level (carbamazepine, phenytoin, valproic acid)</li> <li>CBC (carbamazepine, valproic acid)</li> <li>ALT preferred, AST acceptable (carbamazepine, valproic acid)</li> <li>Sodium (carbamazepine, oxcarbamazepine)</li> <li>BMP (topiramate)</li> </ul>

## Supplements

Medications	Monitoring
<ul style="list-style-type: none"> <li>calcium</li> </ul>	
<ul style="list-style-type: none"> <li>Vitamin D</li> </ul>	<ul style="list-style-type: none"> <li>May refill maintenance dose (1000-2000 U), if &gt;2000 requires provider review</li> </ul>
<ul style="list-style-type: none"> <li>potassium</li> </ul>	Annual/change in dose <ul style="list-style-type: none"> <li>K+ level</li> </ul>
<b>MULTIVITAMINS</b> <ul style="list-style-type: none"> <li>multiple products</li> </ul>	



### Topical Agents

Medications	Monitoring
ACNE, ROSACEA, ECZEMA, PSORIASIS <ul style="list-style-type: none"> <li>• adapalene (Differin®)</li> <li>• azelaic acid (Azelex®; Finacea®)</li> <li>• benzoyl peroxide (Benzac®, Brevoxyl®, others)</li> <li>• betamethasone (Diprosone®)</li> <li>• clindamycin (Cleocin T®)</li> <li>• metronidazole (MetroCream®, MetroGel®, MetroLotion®)</li> <li>• tazarotene (Tazorac®)</li> <li>• tretinoin (Retin-A®, Retin-A Micro®)</li> </ul>	Tazarotene should not be used during pregnancy.

### Urinary Incontinence

Medications	Monitoring
<ul style="list-style-type: none"> <li>• oxybutynin (Ditropan®, Ditropan XL®, Oxytrol®)</li> <li>• tolterodine (Detrol®, Detrol LA®)</li> <li>• darifenacin (Enablex®)</li> <li>• fesoterodine (Toviaz®)</li> <li>• solifenacin (Vesicare®)</li> <li>• trospium (Sanctura®)</li> </ul>	

### Miscellaneous

Medications	Monitoring
<ul style="list-style-type: none"> <li>• allopurinol (Zyloprim®)</li> </ul>	Annually <ul style="list-style-type: none"> <li>• serum creatinine</li> <li>• ALT preferred, AST acceptable</li> <li>• uric acid</li> <li>• CBC</li> </ul>
<ul style="list-style-type: none"> <li>• Nicotine patches (Nicoderm CQ®, Nicotrol®)</li> </ul>	Annually <ul style="list-style-type: none"> <li>• Heart rate</li> <li>• BP</li> </ul>

