

**Optum Public Sector San Diego  
Outpatient Medication Quality Assurance Tool - Adult**

<b>Provider Name:</b>	
<b>Credentials:</b>	
<b>Date of Review:</b>	
<b>Review ID:</b>	
<b>Client Initial:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Allergies:</b>	
<b>Diagnosis:</b>	

<b>Total# of Qs:</b>	14	<b>Total Score:</b>	0	<b>Compliance Rate:</b>	0%
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**General Criteria Compliance**

Q1. Medication rationale and dosage is consistent with the community standards?	
Q2. If indicated, were laboratory tests obtained, reviewed?	
Q3. If treatment continues without laboratory tests, is the rationale to continue or discontinue medications documented?	
Q4. Physical health conditions and treatment were considered when prescribing psychiatric medication?	
Q5. No more than one medication of each chemical class is prescribed concurrently without a clearly documented rationale?	
Q6. Adverse drug reactions and/or side effects are treated and managed effectively?	
Q7. Informed consent discussion is documented?	
Q8. Documentation is in accordance with prescribed medications including adherence, response and adverse effects?	

**Controlled Substance Compliance**

Q9. Dose is within community standards of FDS guidelines: a. Diazepam max dose 40mg/day b. Clonazepam max dose 6mg/day c. Lorazepam max dose 6mg/day d. Avoid opiate and benzodiazepine combination	
Q10. CURES report reviewed for controlled substance prescriptions?	
Q11. For long-term use of benzodiazepine medication, rationale is documented based on previous failures on other treatment medications or modalities?	
Q12. No more than one anxiolytic is prescribed without a clearly documented rationale?	
Q13. If treatment is for short-term use as a sleep aid, documentation shows evidence the client has failed previous non-benzodiazepine medications?	
Q14. If the client is requesting medication between visits or is escalating doses without prescriber approval, interventions to address these behaviors are documented?	

**Review Status:**