



OPTIMIZING PATIENT CARE

A resource to support your professional development

PRESCRIBER NOTEBOOK



UNIVERSITY OF TORONTO
LESLIE DAN FACULTY OF PHARMACY

*Continuous
Professional
Development*

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INTRODUCTION

This casebook serves as a tool to help pharmacists gain the confidence necessary to practice using their full scope. These cases describe situations that you may encounter in your community pharmacy to illustrate how pharmacist prescribing contributes to patient care. Each case has a corresponding Example Solution that outlines one potential approach to addressing the identified issue and provides an example of the documentation expected for such an interaction.

HOW TO USE THIS CASEBOOK

As you read through each case, consider how the situation would be handled in your current practice. Next, consider how the situation could be handled if you were practicing using your full scope. If these approaches differ, reflect on which barriers are preventing you from currently practicing to your full scope. Potential barriers include:

- fear of upsetting other prescribers
- lack of access to relevant clinical information
- therapeutic knowledge
- time
- willingness to take responsibility for patient care
- knowledge of extent of scope and documentation requirements

With practice, you will overcome many of these barriers and become comfortable appropriately prescribing and efficiently documenting the care you provide. Remember that, as a health care professional, your decisions should always be in the best interest of the patient. Pharmacist prescribing enables you to better manage your patients while also relieving some of the burden on the health care system.

DOCUMENTATION

A sample documentation form is provided, though there are many acceptable ways to document. In your practice, find a method of documenting that is complete, convenient, and easily retrievable.

If you are not confident with your documentation skills or are unsure of the amount and detail of documentation required, then try completing the documentation form yourself for a few of the cases before looking at the Example Solutions.

In the Example Solutions section, we have provided documentation for one possible solution to each case. Use these examples as a guide for how much documentation you should include. Note that there may be many solutions to each case; make sure your decision is informed and that you justify your opinion. Continue completing the documentation for cases on your own until you are confident with your ability to efficiently prescribe and record your interactions.

If you are interested in developing your skills for a particular type of prescribing (initiating, adapting, or renewing), there is a key at the very end of this casebook that matches the cases to the type of prescribing.

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: _____	Date: _____
Date of Original Rx: _____	Adapted/Renewed Rx Details: _____
Original Rx Details (name, strength, quantity, duration): _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
Copy attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: _____
	Contact (phone/fax): _____
Rationale for Prescribing	
<i>(Consider Patient Assessment, Circumstances, etc.)</i>	

Monitoring/Follow-up Plan	

Consent	
Consent was received from the patient/agent <input type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: _____	
Date of Notification: _____	
Method of Notification: _____	
Fax # _____	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: _____	

CASE 1

The pharmacist notices Mr. HJ looking at the smoking cessation products on display in the pharmacy. On approaching and speaking to this patient, the pharmacist realizes that it is clear Mr. HJ feels ready to quit smoking right away and is not currently using smoking cessation therapy. They discuss the various treatment options and decide on varenicline as the treatment of choice. Mr. HJ mentions that the pharmacy is quite far away from his home and that he would like to fill the prescription at a pharmacy closer to home.

CASE 2

Mr. RG is a 65-year-old male patient who comes in to your pharmacy with a new prescription for Timoptic. Mr. RG was diagnosed with open-angle glaucoma last year and has been using Xalatan regularly. He had an appointment with his ophthalmologist this morning and was given a new prescription for Timoptic eye drops and was verbally instructed to continue the Xalatan as well. On checking his profile you realize that there are no refills left on his Xalatan prescription.

CASE 3

Mrs. SE is a 42-year-old patient who comes in to the dispensary for a refill of her only diabetes medication, metformin. On checking her profile, you notice that she hasn't filled this prescription in 8 months, and her last refill was for a 3-month supply only. When asked if she has had any blood work done recently, she tells you it was done at her last appointment 8 months ago, and her sugars were under control. When asked if she has been taking metformin regularly, she tells you that since her blood sugar is under control, she only takes it 'when she needs it.' Mrs. SE also explains that her glucometer broke a few months ago and so she hasn't been checking her sugars regularly.

During the interaction the pharmacist is able to assist Mrs. SE with using one of the glucometers in the pharmacy and it reads 10.2.

CASE 4

Mrs. DA is a known patient to your pharmacy and presents today requesting a medication renewal for her 16-year-old daughter's "regular monthly medication" as NM is leaving for Florida tomorrow for 2 weeks. Mrs. DA has never come in to pick up this prescription for her daughter and cannot recall the names of the chronic medication in question. The only prescription in NM's record is Yaz 1 tablet daily, which was last dispensed as a 3-month supply, but there are no refills remaining.

CASE 5

MG is a 35-year-old male patient who presents to the pharmacy seeking advice. He has been smoking 1½ packs a day for the last 10 years and now feels ready to quit. He wants to take a more active approach to his health and has made the decision that he is finished with smoking. He doesn't feel that he will be able to do it cold turkey so he would like to know what options are available to assist him in this difficult task. When asked about his past medical history, he tells you that he takes carbamazepine to control his seizures. He has no other medical conditions, allergies or medications.

CASE 6

Mrs. SJ brings in a prescription for her 4-year-old son for amox/clav 250 mg/125 mg suspension, 3 mL TID for 7 days from the pediatrician for recurrent acute otitis media. Her son weighs 20 kg. On processing the prescription, the pharmacist realizes that amox/clav does not come in a 2:1 formulation, but rather a 4:1 or a 7:1 ratio. Also, the duration of therapy for recurrent acute otitis media is 10 days rather than 7 days.

CASE 7

MM is a regular patient at your pharmacy. He is 35 years old and has just successfully completed 12 weeks of smoking cessation therapy on Champix today. He is going away on vacation to the Caribbean next week and is quite apprehensive about falling back into the smoking habit. He asks if you can prescribe him Champix again or provide him with an alternative medication to aid in his cessation efforts while away.

CASE 8

Mr. ST comes to the pharmacy on Saturday morning with a prescription for his daughter for Biaxin suspension, BID for 7 days, which was prescribed yesterday to treat her lower respiratory tract infection (CAP). Unfortunately, the prescription does not have a dose and because it is the weekend, her family physician is not in the office until Monday. According to the father, she is 12 years old and weighs 33 kg. She does not have any known drug allergies.

CASE 9

Mrs. BL is 58-year-old woman who is at the pharmacy today for a refill. Her current medications include amlodipine 10 mg daily, ramipril 5 mg daily, and rosuvastatin 10 mg daily. Her main medical conditions include hypercholesterolemia and hypertension (both controlled with medications). Her medication doses have been stable for 3 years. She monitors her blood pressure regularly at home but does not remember the physician sending her to have blood work to measure her cholesterol in at least 2 years. She has run out of refills of her medications. The last prescription on file was for a 6-month supply of all medications, and the pharmacist notes that this prescription was a renewal by another pharmacist working at the pharmacy. The prescription prior to that was written by the physician for a 1-year supply of each medication and the patient has not seen the physician since that time.

CASE 10

Mrs. KN presents with a prescription for risedronate 35 mg weekly. She has been taking risedronate for 3 months and just ran out of refills so she obtained a new prescription from her family doctor. On discussion with Mrs. KN, the pharmacist discovers that she has been having trouble remembering to take her weekly dose of risedronate due to her hectic schedule. The pharmacist informs her that risedronate is also available in a monthly dose (150 mg monthly) and could potentially be a suitable alternative.

CASE 11

Mr. AK, a 58-year-old male, comes into the pharmacy with a prescription for Valtrex 1 g TID x 7 days for herpes zoster (shingles). As he is dropping off his prescription, he mentions that he forgot to ask the walk-in clinic physician if this medication would be a safe for him to take since he has chronic renal failure. On further questioning, Mr. AK shares a recent printout from his nephrologist that states his CrCl has reached 35 mL/min.

CASE 12

Mr. AA enters your pharmacy with a prescription for all of his regular prescription medications. As he presents the prescription to you, he notices that there is no insulin listed. He becomes very distressed, explaining that when he gathered all his medication this morning for his check-up, he forgot to check the refrigerator and his doctor must have also forgotten. He doesn't think he has any insulin left at home. When you look at the prescription you notice there have been no changes made since his last refill 3 months ago. He presents to you a copy of his most recent blood work and you notice that everything is in the normal range (including A1c of 7.2) and he presents with no red flag signs or symptoms. He states his doctor was not planning on changing any of his medications.

CASE 13

Ms. PB is a patient of your pharmacy who receives regular chronic medications every month. You have developed a good relationship with her over the past 5 years and have regular productive conversations on a weekly basis. Ms. PB presents to the pharmacy today and mentions that she is extremely happy with the news that pharmacists can now renew medications. She states that she is always running out of her temazepam and hates having to constantly go see her physician for new prescriptions. On analyzing her profile, you notice Ms. PB's physician has clearly stated the temazepam is only allowed to be refilled for 5 capsules PRN on a weekly basis (5 capsules every 7 days) and the patient has filled it early the past 4 times.

CASE 14

Mrs. TT, a regular patient at your pharmacy, presents appearing anxious and troubled. She mentions that her 7-year-old son's EpiPens have expired, there are no refills on the prescription, and she cannot get another appointment with his physician for 3 weeks. He has a documented anaphylactic allergy to bee and wasp stings and never travels anywhere without his EpiPen. Mrs. TT is aware that she can pay out-of-pocket for the EpiPen, but would prefer a prescription that is written and processed as this medication would then be covered under her private insurance. Mrs. TT needs the EpiPen now, as the family is leaving on a camping trip for the weekend, and cannot wait for a new prescription from the doctor.

CASE 15

Mrs. LG is a 55-year-old female patient who presents to the pharmacy complaining of a consistent, dry, “tickly” cough. At first she attributed this cough to her allergies but it has persisted for almost 3 months now and is quite bothersome. She would like a cough product recommendation that won’t interact with her current medications and would like to refill her HCTZ 25 mg and ramipril 5 mg, both of which have no refills remaining.

Mrs. LG’s profile shows that she was diagnosed with hypertension 14 weeks ago and was prescribed ramipril 5 mg OD and HCTZ 25 mg qAM at that time. On further probing the pharmacist discovers that Mrs. LG has done her absolute best to take a more active role in her health since the diagnosis and has been very compliant with her newly prescribed medications.

CASE 16

MA is a 31-year-old female who visits your pharmacy and seems visibly anxious. On speaking with her about her refill for Alesse, she mentions that she is thinking about getting pregnant but is worried that she will not be able to quit smoking. She mentioned that she would remain on her birth control until she quits smoking. She is highly motivated to quit and has tried twice in the past: first cold turkey and then by using nicotine gum. Neither method was successful as she always reverts back to smoking after a few days.

During your interaction, she mentions that she has a history of anxiety and had bulimia while in university. In addition to Alesse, MA is currently on Ativan 1 mg PRN for her generalized anxiety disorder. Her friend mentioned that she used Zyban to help her quit smoking and it worked well for her. MA wishes to do the same as her friend.

CASE 17

Mrs. FG is a 68-year-old woman who comes to your pharmacy with a new prescription for Celebrex 200 mg BID for 30 days to treat osteoarthritis (with the LU code 316). However, on looking at the dosing of Celebrex for osteoarthritis, the pharmacist finds that the recommended dose is 200 mg/day. Additionally, Ontario Drug Benefit will pay only for the 200 mg/day dose as per the notes for LU code 316. Mrs. FG has not tried Celebrex before.

CASE 18

Mr. BP walks into the pharmacy today and asks to speak to the pharmacist because he would like a refill on his prednisone tablets. Mr. BP is a 45-year-old regular patient who has Crohn’s disease. He has had many unsuccessful surgeries and his flares usually involve up to 20 bowel movements per day. He has been taking tablets from an old prednisone prescription that he found at home to battle his current flare but he has now run out. When asked about how long this flare has lasted, he tells you he has been taking the prednisone 50 mg tablets once daily for the last 3 months on and off. You check the system and there are no refills remaining.

CASE 19

Mr. FH presents a prescription for Symbicort 200 - 2 inhalations BID. From the pharmacy records, the pharmacist notes that the patient has used Symbicort 200 - 1 inhalation BID for several years. On discussion with the patient, the pharmacist learns that the patient saw a locum as their regular physician was away on vacation. While in a rush the physician said, "We'll keep you at the same dosage." Further questioning reveals that the patient's asthma is well controlled, he is not experiencing any worsening signs of his asthma, and he does not have any new changes to his overall health.

CASE 20

Mr. LM visits a diabetes clinic the pharmacist runs with a dietitian and family MD. He is currently on ramipril 10 mg daily, ASA 81 mg daily, Lantus 20 units qhs, and atorvastatin 40 mg daily. He is 55 years old, has had type 2 diabetes for 20 years, and has been on insulin for 5 years. Currently, his LDL is 1.83 mmol/l and his BP in clinic is 128/78 mmHg. His most recent A1c is 8.0%, his self-monitoring blood glucose readings show fasting blood glucose in the range of 7.0 - 10.0, and his nighttime blood glucose in the range of 6.6 - 13.0. He does not recall having any hypoglycemia and does not take readings after supper. He eats 3 regular, well-balanced meals daily and walks 30 mins/day 5 times a week.

CASE 21

Mrs. LH was recently diagnosed with type 2 diabetes mellitus and presents a prescription to be filled. Her physician has not been satisfied with her glycemic control so far, and has increased the dose of metformin to 1000 mg BID. On checking her file, the pharmacist notes that Mrs. LH has been taking metformin 500 mg BID for three months.

CASE 22

SL is a 23-year-old patient who presents to the pharmacy seeking advice. She is currently a smoker and has been afraid to stop because she heard "quitting smoking makes you get fat." She smokes about 10 cigarettes per day and has been smoking for 5 years. Her doctor has advised her on multiple occasions to quit and to do so by seeking a pharmacist's advice on the most efficacious and appropriate cessation agents. She feels ready to quit, as long as she doesn't gain any weight. She tells you that she has always feared weight gain and has actually been battling anorexia nervosa since she was 17. She has no allergies or medical conditions and is not currently using any other medications. She has never tried to quit.

CASE 23

Mrs. GM is in the 2nd week of Champix therapy. She has not had a cigarette since her quit date, on day 7 of therapy, but has been experiencing worsening nausea. On questioning, the pharmacist is made aware that the nausea became intolerable a few days ago, around the same time that her dose was increased from 0.5 mg BID to the standard continuation dose of 1 mg BID. Mrs. GM is thinking about stopping Champix because of this adverse reaction and would like the pharmacist's opinion on what to do.

CASE 24

Mr. AM, a 65-year-old patient comes to the pharmacy with a new prescription for Ativan SL 1 mg - 1 tab sl prn ud for occasional insomnia and anxiety. He has had this medication before but is now covered by the Ontario Drug Benefit program. The pharmacist informs him that the SL formulation is not covered by the government plan, but the regular tablets are. The patient subsequently asks if he can have the regular tablets instead, as he can no longer afford to pay for SL formulation.

CASE 25

Mrs. TG, a 60-year-old female patient, presents to the pharmacy asking about vitamin D supplements. On questioning you find out that she is meant to be taking calcium, vitamin D and alendronate but that she stopped taking her alendronate a while back after reading it can cause throat problems. You mention that the throat problems are avoidable if the drug is taken with a full glass of water and if she remains sitting or standing for at least 30 minutes after taking the dose. She didn't realize it was that simple and agrees to start taking it again, but she doesn't have any refills left. Mrs. TG first began alendronate therapy 5 years ago and has no known allergies.

CASE 26

Ms. QZ is a 16-year-old young woman who has been prescribed Singulair 10 mg qhs to relieve symptoms of seasonal allergic rhinitis. She had been given a sample from her doctor, which she says had worked well, and now presents requesting to fill her new prescription for it. She asks the pharmacist if there's any way she can receive a liquid formulation of the product, as she sometimes has a hard time swallowing the tablets.

CASE 27

Mr. TD comes to the pharmacy with a prescription for his son (9 years old, 30 kg) for Clavulin-200 to be given 45 mg/kg/day divided BID for 7 days to treat his lower respiratory tract infection. The father mentions that his son was given a different antibiotic in the past, which caused a lot of diarrhea, and he was hoping that this medication did not have that same effect. Furthermore, Clavulin-200 is not available, as it is on manufacturer backorder, but Clavulin-250 and 400 are available. On reviewing the literature, you realize that Clavulin-200 is prescribed as a BID regimen, while the Clavulin-250 is prescribed as a TID regimen. Considering the father's comment about past experience with diarrhea, you recall that the BID regimen is associated with significantly less diarrhea.

CASE 28

FB is a regular patient at your pharmacy. He is 30 years old, smokes 2 packs of cigarettes per day, and was recently diagnosed with major depressive disorder. FB tried St. John's Wort to treat his depression first, as he wasn't ready to "start with the big stuff." Similarly, when he decided to quit smoking, he was fairly sure that he could quit cold turkey, and refused any help. He comes in today looking rather down and approaches your counter. When asked if he is feeling well, he tells you that nothing is working. He states that in the past 2 months since the MDD diagnosis, St. John's Wort hasn't helped at all and he can't seem to shake the smoking habit. He desperately asks for your advice. He doesn't have any other medical conditions, allergies, or medications.

CASE 29

Mrs. AC, a regular patron, runs into your pharmacy just as you are about to close. She is in a panic and asks you for some capsules that are on her file. She doesn't remember the name but explains that they are a very important treatment to her hypoparathyroidism and she has been out of them for 2 days. She explains that she can't seem to make an appointment with her doctor until 1 month from today and has a hard time coming to the pharmacy before 9 pm every day because of her work. After taking a look at her file you discover that the important medication she was speaking of was Rocaltrol 0.25 mcg. The original prescription was written for 3 months and has no more repeats.

CASE 30

NM is a 21-year-old university student who has been coming to your pharmacy for many years. Her university is out of town, and she is here to visit her family for the weekend. She is out of her birth control (Alesse-21), and has missed 2 days of her dose. NM has been filling her Alesse-21 at your pharmacy for 3 years. She tried contacting her doctor, but he is away on vacation. All walk-in clinics in the area are closed. She is worried that she will not be able to get a prescription for her pill in time, as she has to leave on Sunday to go back to school. Her last prescription was a 6-month supply from her family doctor.

CASE 31

PT is a patient at your pharmacy. He is 50 years old, smokes at least 1 pack a day and has been smoking for over 25 years. Two months ago, he was discharged from the hospital following an acute MI and is now interested in quitting smoking as recommended by his doctor. PT is on insulin for his type II diabetes. He has tried nicotine gum in the past but mentions it tasted awful and he will not try it again. Under his doctor's referral, PT presents to the pharmacy looking for advice on what the best treatment option would be for him to quit, considering he has diabetes and recently had a cardiovascular event.

His current medication profile also includes atorvastatin 80 mg, ASA 81 mg, perindopril 4 mg, and bisoprolol 5 mg. His A1c was recently checked and is 7.3%.

CASE 32

Mr. EM is a 55-year-old patient at your pharmacy. He uses a combination of basal and fast-acting insulin to treat his diabetes. He checks his blood sugar 4 times a day and needs more test strips, but there are no more refills left in the system. Though test strips do not require a prescription, Mr. EM would prefer not to pay out-of-pocket, as his insurance pays for them if they are prescribed. You have renewed his insulin in the past when his doctor was on vacation, so Mr. ER asks if you can renew his test strips, as he is not scheduled to see his doctor again for several months.

CASE 33

Mrs. AB and her 10-year-old daughter, CB, are regular patients of your pharmacy. They enter the pharmacy one evening and ask to speak to the pharmacist in private. Both wife and daughter express concern and frustration at Mr. BB's habit of smoking. The wife complains that her husband does not want to stop smoking and she desperately needs your help. She asks if you can write a prescription for Champix because she heard on the radio that it would work to help her husband quit smoking. She explains to the pharmacist that if she goes home with a prescription and presents it to her husband as the solution that he will most definitely take the pill.

CASE 34

Ms. SS is a 21-year-old female who has decided to start oral contraceptives as a method of birth control. She comes into your pharmacy with a prescription for Yaz. She asks you to place the prescription on her file and not to dispense it yet because she is worried that she cannot quit smoking. Her doctor has warned her several times about the fact that she should not be smoking while on Yaz. She has come to you for help and wants to know if there is something that you can prescribe to help her quit smoking so she can start her prescription for Yaz. You ask SS about her medical history and current medications. She has not been diagnosed with any medical conditions, and her only other medications are a Centrum multivitamin and Tylenol PRN for headache.

CASE 35

Mrs. TH is an 85-year-old woman who is a patient at a long-term care home where the pharmacist and the physician work collaboratively to optimize patient care. Mrs. TH was just diagnosed with esophageal candidiasis and the attending physician has ordered fluconazole 200 mg stat then 100 mg daily X 3 weeks with a plan to reassess weekly to ensure that treatment is continued for at least 2 weeks following the resolution of symptoms. While reviewing Mrs. TH's medical history it is noted by the pharmacist that the patient's creatinine clearance is 35 mL/min and has been steady over the previous two months. The patient does not have any other medical conditions or medications that would contraindicate therapy with fluconazole.

CASE 36

Mr. MP, a 27-year-old male, has come to the pharmacy with a prescription for Tobrex ophthalmic ointment. The patient informs the pharmacist he is suffering from bacterial conjunctivitis and desperately needs treatment as he is going out of town tomorrow for a work conference. Mr. MP mentions that he has developed this eye infection twice in the past year and absolutely hates the "goosey medication" that causes his vision to go blurry and he cannot have that happen this week as he is presenting at the conference.

CASE 37

Mr. TH is not a regular patient in your pharmacy. You notice that he is in the cough/cold aisle of the pharmacy, with a very bad cough, and he appears to be struggling to breathe. As you approach him to see if he needs any help, he asks if you can recommend a cough syrup to help him with his dry, hacking cough. He has not been able to see his physician to get a repeat for his Spiriva, and has not used it in 2 weeks. He will not be able to see his doctor for another 2 weeks and just needs something to help him with his aggravating cough. He had been using Spiriva continuously, with positive results, for the past 18 months. He gets this medication from the pharmacy across the street from his work, which is 45 minutes away.

CASE 38

Mrs. NS and her 10-year-old daughter, LS, enter the pharmacy one evening requesting the pharmacist's advice on asthma in children. LS was diagnosed with asthma 14 months ago and has been using Flovent 125 mcg BID and Ventolin PRN. She is leaving tomorrow morning for a 2-week summer soccer camp and is apprehensive about going without at least one new Ventolin inhaler. You check her medication profile and see that she has no refills remaining. The original prescription was written and dispensed 6 months ago for 2 inhalers (1 for school, 1 for home) with no refills. Upon further questioning you establish that LS was last seen by her family physician 4 months ago, where he indicated there was no change to her respiratory status. LS uses 3 doses of Ventolin per week.

CASE 39

Mrs. PG rushes into your pharmacy looking flustered and concerned. She tells you that she urgently needs a refill on her 13-year-old daughter's last 2 prescription medications, which she filled 2 months ago. On reviewing the daughter's medication history profile, the pharmacist notes that the prescription was written for a Ventolin inhaler and for a 5-day course of azithromycin to treat bronchitis, on top of her long-standing asthma. The Ventolin has 2 refills remaining, thus may be refilled without a problem, but the azithromycin does not have any refills. Mrs. PG insists her daughter needs it because this is what made her feel better last time.

CASE 40

Mr. TM is a 34-year-old male patient at your pharmacy with a history of high blood pressure and tobacco use (smokes 1 pack per day). Approximately 3 years ago, his physician wrote him a prescription for Champix, but Mr. TM never picked it up due to its high cost. Today he presents to the pharmacy explaining that he recently lost his job and cannot afford to continue purchasing cigarettes. He provides the pharmacist with a documentation form from his social assistance program indicating that he is receiving financial support until he can find another job. You confirm with Mr. TM that his social assistance card does include drug coverage through the Ontario Drug Benefit program and that you will be able to prescribe Champix for him and have it mostly covered.

You confirm Mr. TM's current medical conditions, medications and social history and conclude that he is indeed a good candidate for Champix therapy.

CASE 41

Mrs. XV, who is 45 years old, comes to the pharmacy visibly ill, with a prescription for Tamiflu 75 mg once daily x 5 capsules. The pharmacist assesses Mrs. XV and concludes she has no other medical conditions or allergies to medications. Mrs. XV states that the doctor said she has the flu and prescribed this Tamiflu to treat her. She is desperate to get well soon as she cannot afford to take any more days off work. She has been home struggling with a fever, muscle aches and pains, and generalized malaise.

According to the product monograph, for treatment of the flu in normally healthy patients, the recommended dose is 75 mg twice daily for 5 days.

CASE 42

Mrs. BB, an elderly patient with arthritis, comes in requesting a refill of her prescription for Advair MDI 125 – 2 puffs bid. She explains that she has been having a lot of trouble using this inhaler and she believes that it is not working. Upon reviewing her technique, the pharmacist notes that she has trouble depressing the canister (due to the arthritis in her hands) while coordinating the administration of medication with her breathing.

CASE 43

A patient comes to your pharmacy early in the morning with an empty vial that used to contain levothyroxine tablets. She tells you that her last TSH level was checked 3 months ago and the doctor mentioned that there was to be no change to her regimen of Eltroxin 50 mcg once daily. She has been on this regimen for 5 years. She comes in today for a refill, but is shocked when you inform her that there are no refills left on her prescription. She didn't think to ask at her appointment because he told her to book a follow-up in one year, and she assumed this meant she had enough refills to last one year. She has to travel to Europe for 3 months and does not have any medication left.

CASE 44

Mrs. LP is a 26-year-old patient who is 17 weeks pregnant. She has been using Diclectin since very early on in her pregnancy as her morning sickness refuses to subside and keeps her from functioning normally. She presents to the pharmacy today to request a refill on this medication as her nausea is still quite bothersome. On checking her profile the pharmacist notes that there are no refills remaining on the Diclectin. When asked about this, Mrs. LP states that her family physician didn't think she would need it past 16 weeks since morning sickness usually peaks between 5 and 12 weeks' gestation. Finally, when asked about how she uses Diclectin, patient states that on some days she may take one tablet and other days may take a total of 4 tablets.

CASE 45

The pharmacist receives a new prescription for amoxicillin liquid 125 mg TID X 10 days for MJ, a 3-year-old, 13.6 kg female patient. On discussion with MJ's mother, the pharmacist learns that the girl has an earache (i.e., acute otitis media) and that many of the children in her day care have had the same problem over the past 2 weeks. The patient has not had any other antibiotics or earaches in the past 5 months.

CASE 46

Mrs. GG comes to the pharmacy and asks for a refill on her Alocril eye drops. Alocril is not available as it is on backorder without a release date in sight. Mrs. GG says her sister is on Pataday for the same indication (seasonal allergies affecting the eyes) and would like you to dispense this to her, since it is readily available.

CASE 47

Mr. AV, a 55-year-old male patient, comes into your pharmacy looking distressed and confused. You haven't seen him in a month or so, and he tells you that the reason for this is because he recently suffered an MI and was just discharged from the hospital. He has a discharge prescription and tells you that he is confused because he is fairly certain he has used some of these medications before. His medication profile is as follows:

Medication	Strength	Regimen	Quantity	Last fill	First Fill	Prescriber
atorvastatin	40 mg	at bedtime	90	11/01/2012	12/01/2008	Dr. X
ramipril	5 mg	once daily	90	11/01/2012	11/01/2010	Dr. X
nitroglycerin	SL 0.4 mg	as needed	2	11/01/2010	11/01/2010	Dr. X

No allergies to medications, food, environment

His new Rx reads: ramipril 10 mg OD x 90 days, ASA 81 mg daily x 90 days, metoprolol 25 mg BID x 90 days, and ticagrelor 90 mg BID x 90 days

You explain to him that he has been taking 1 of the medications (ramipril) already, but it is now at an increased dose, so he should stick with the new strength. You also ask him whether the doctor mentioned his atorvastatin, as that is typically prescribed following an MI. Mr. AV tells you that the doctor mentioned it but since he was already on it, he advised him to just refill the old one. You check and he does not have any refills left.

CASE 48

Mrs. HR is a 45-year-old woman who is in today for a follow-up appointment. Her main medical conditions include osteoarthritis and hypertension. Her osteoarthritis pain is currently controlled. Bisoprolol 5 mg daily was recently added to try to reach target BP (<140/<90). Her blood pressure has shown partial response to therapy (it is currently 153/90 mmHg, which is consistent with her home readings) after 1 month of combination therapy with hydrochlorothiazide 12.5 mg daily and bisoprolol 5 mg daily. Her current medications include bisoprolol 5 mg daily X 1 month, hydrochlorothiazide 12.5 mg daily X 2 months, and acetaminophen 500 mg prn. Mrs. HR has made lifestyle adjustments such as dietary changes, sodium restriction, increased physical activity, and currently has only 5 alcoholic drinks weekly and never more than 2 alcoholic drinks per day.

CASE 49

Mr. EB enters the pharmacy looking flustered and annoyed. He is a regular patient in your pharmacy and he often comes in and leaves in a rush while talking on his cell phone. He slaps a prescription down on the table for Nexium 20 mg daily for 2 months and asks if it can be processed quickly, as he needs to get back to work. When you try to bill for it, you discover that Nexium is not covered on the patient's drug plan. You also notice that he received Pariet 20 mg daily last month. He tells you he has finished all of these tablets and is still experiencing moderate heartburn and discomfort. His doctor prescribed him Pariet last month for symptomatic GERD and meant to renew the prescription. Mr. EB does not wish to pay for the Nexium.

CASE 50

Mr. TH is a 68-year-old gentleman who is a regular at your pharmacy. He mentions that because of the holidays, he has not been able to see his doctor for a refill on his medications, and will run out in one week. His annual physical appointment with his GP is in 4 weeks. His last hospitalization was for a heart attack 2 years ago, and the dose of his medications has not changed since he was hospitalized (see below):

Medication	Strength	Regimen	Quantity	Last fill	First Fill	Prescriber
perindopril	4 mg	once daily	90	10/01/2012	11/01/2010	XX
metoprolol	50 mg	twice daily	180	10/01/2012	11/01/2010	XX
rosuvastatin	20 mg	at bedtime	90	10/01/2012	11/01/2010	XX
nitroglycerin	SL 0.4 mg	as needed	2	11/01/2010	11/01/2010	XX

CASE 51

Ms. BK is a 32-year-old female who has been on bupropion SR 150 mg BID for 1 year. She presents with a new prescription for a one-month supply of bupropion SR 300 mg once daily. Ms. BK mentions that because of her hectic schedule, she sometimes forgets to take the evening dose on time, or sometimes all together. This has led to some worsening symptoms of her depression, as she is not receiving the adequate dose. She read on the Internet that there is a once-daily formulation, and she mentioned this to her physician when she went for her check up.

CASE 52

Mrs. GR presents to the pharmacy and mentions she had her INR checked today (blood work form shows her INR is at 4; her target range is 2-3), and was told to reduce the dose of warfarin from 4 mg daily to 3.5 mg daily. Because she had been on 3.5 mg previously and was fairly certain she had some remaining tablets at home, she did not ask for a new prescription. The physician ordered her next INR to be checked in 1 week's time. Unfortunately, she has no refills on the prior prescription, and when she checked her medicine cabinet, she couldn't find the warfarin 2.5 mg and 1 mg vials from her previous prescription. Her physician has left his office for the weekend and cannot be contacted.

CASE 53

LP is a 48-year-old patient who comes in to your pharmacy extremely frustrated. He has been using bupropion for smoking cessation for the past month but he feels it isn't working. He still craves cigarettes at least twice or three times a day, and has succumbed to his craving and had a cigarette on occasion. He desperately wants to quit smoking but doesn't feel like this drug is assisting him as well as it should. His past medical history includes dyslipidemia, for which he takes atorvastatin 40 mg qhs, and hypertension, for which he has just started ramipril 5 mg daily. He is not using any other medications and has no allergies.

CASE 54

Mr. WS presents to the pharmacy with a new prescription for diltiazem CD 240 mg once daily. On checking the patient records the pharmacist notices that he has been on Tiazac XC 180 mg daily for one year. In discussion with Mr. WS, the pharmacist discovers that the physician indicated that the strength of Mr. WS's medication was being increased from 180 mg to 240 mg.

➤ The pharmacist writes a prescription for varenicline and gives it to the patient

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>N/A</u>	Date: <u>N/A</u>
Date of Original Rx: <u>12/12/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>varenicline 0.5 mg daily days 1-3, then 0.5 mg BID days 4-7, then 1 mg BID (patient to set a quit date between 1st and 2nd week of therapy)</u>	
<u>Quantity: 12-week supply</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Jane Doe, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient is found ready to initiate smoking cessation therapy</u>	
<u>- patient does not have any contraindication to therapy (history of seizure, history of eating disorder, etc.)</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on directions for use and to contact pharmacist if experiencing any side effects</u>	
<u>- provided prescription to patient to fill at alternate pharmacy as per patient request</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/12/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Jane Doe</u>	

Other Potential Solutions:

- Advise patient to obtain a prescription at his regular community pharmacy. Many pharmacists may not feel comfortable initiating a prescription for a patient with whom they cannot follow-up. If this is the case, it is reasonable to refer that patient to their regular community pharmacist who can perform follow-up.
- The pharmacist could transfer the prescription to the patient's pharmacy of choice.

➤ The pharmacist renews the Xalatan prescription

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>01/14/16</u>
Date of Original Rx: <u>10/28/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>Xalatan 1 drop OU once daily</u>
<u>Xalatan 1 drop OU once daily</u>	<u>Mitte: 1 bottle (5 mL)</u>
<u>Mitte: 1 bottle (5 mL)</u>	
<u>Refills: 2</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been stable on this medication with no serious side effects</u>	
<u>- patient was instructed to continue with Xalatan by ophthalmologist</u>	
<u>- both drugs are used synergistically to decrease IOP making combination therapy with both eye drops appropriate</u>	
Monitoring/Follow-up Plan	
<u>- will phone the specialist to take a verbal order for Xalatan and authorization for additional refills</u>	
<u>- counseled on appropriate eye drop administration, product use and potential side effects</u>	
<u>- scheduled follow-up appointment with patient in 1 month to assess therapy and ensure proper use of both medications in order to help prevent diseases-related complications (e.g., optic nerve damage, loss of side vision)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X (ophthalmologist) and the family physician</u>	
Date of Notification: <u>01/14/16</u>	
Method of Notification:	
Fax # _____	Phone # <u>XXX-XXX-XXXX</u> Other _____
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Telephone the physician for a verbal order for Xalatan

➤ The pharmacist renews a 30-day supply of metformin

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>Apr 3/15</u>
Date of Original Rx: <u>Feb 4/14</u>	Adapted/Renewed Rx Details:
Original Rx Details (name, strength, quantity, duration):	<u>metformin 500 mg po BID x 30 days</u>
<u>metformin 500 mg po BID x 3 months</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Original Prescriber Information	
Name: <u>Dr. X</u>	
Contact (phone/fax): <u>XXX-XXX-XXXX</u>	
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient is non-adherent to her regular prescription medications and as a result has an elevated blood glucose level</u>	
<u>- Mrs. SE requires metformin in order to control her blood sugars and prevent disease worsening and complications</u>	
<u>- dispensed a 30-day supply of metformin to assist Mrs. SE until she makes an appointment with her family doctor</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on the importance of taking metformin twice daily, regardless of how she 'feels', as well as ADR's</u>	
<u>- advised patient to set up MD appointment to obtain additional refills and assess current condition</u>	
<u>- provided Mrs. SE with a new glucometer and advised her to check her blood sugars every morning before breakfast and after each meal for the next 2 weeks</u>	
<u>- set up follow-up appointment with Mrs. SE in 5 days to assess her blood sugar readings</u>	
<u>- counseled the patient on dietary management of diabetes and provided her with educational materials</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>Apr 3/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Renew the prescription for a larger quantity (up to 3 months)
- Telephone the physician for a verbal order

➤ The pharmacist declines renewal of the prescription and abides by PHIPA

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>12/28/15</u>	Adapted/Renewed Rx Details: <u>refused renewal of Yaz</u>
Original Rx Details (name, strength, quantity, duration): <u>Yaz 1 tablet daily</u>	
<u>Mitte: 3 packs</u>	
<u>Refills: 3</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient's mother is not authorized to act on behalf of her daughter, speak about her health or pick-up her medication</u>	
<u>- there are no refills remaining and the actual patient has not requested the prescription renewal</u>	
<u>- did not give out any patient protected information</u>	
Monitoring/Follow-up Plan	
<u>- advised the mother to speak with her daughter and have her come in to the pharmacy herself to request a refill</u>	
Consent	
Consent was received from the patient/agent <input type="checkbox"/> <u>[no consent received]</u>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>N/A</u>	
Date of Notification: <u>N/A</u>	
Method of Notification:	
Fax # _____	Phone # _____ Other <u>N/A</u>
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Make a phone call to the actual patient to confirm need for medication and to receive consent for pick-up by her mother
- Inform the mother that there are no refills left and have her take her daughter to a physician to obtain additional refills

➤ The pharmacist recommends nicotine replacement therapy

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>N/A</u>	Date: <u>N/A</u>
Date of Original Rx: <u>11/30/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): _____	_____
_____	_____
_____	_____
_____	_____
_____	Original Prescriber Information
_____	Name: <u>Jane Smith, RPh</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient is motivated and ready to quit and has not tried nicotine replacement therapy before</u>	
<u>- bupropion is contraindicated in this patient due to his seizure disorder</u>	
<u>- varenicline may increase the risk of seizures and should only be used after other treatment options have failed</u>	
<u>- Based on his substantial smoking history, nicotine replacement therapy is appropriate and warranted</u>	

Monitoring/Follow-up Plan	
<u>- helped select a quit date and counseled on proper use of NRT</u>	
<u>- scheduled a follow-up appointment with the patient at 1 week, then 1 week following his quit date, and then monthly</u>	
<u>- patient to inform his physician at next appointment that he is currently on NRT</u>	
<u>- patient counseled on potential side effects and subsequent management</u>	

Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/30/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Jane Smith</u>	

Other Potential Solutions:

- Varenicline – the patient has no contraindication to varenicline therapy, although there is a small possibility that it may exacerbate his seizure disorder. The risks can be discussed and if the patient would prefer, he may pursue this option.

➤ The pharmacist adapts the prescription to Clavulin-400 formulation

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>amox/clav 250 mg/125 mg- 3 mL TID for 7 days</u>	<u>prescription to Clavulin 400 mg/57 mg - 7.5 mL three times daily for 10 days</u>
<u>Mitte: qs</u>	<u>Mitte: 225 mL</u>
<u>Refills: 0</u>	<u>Refills: 0</u>
Original Prescriber Information	
Name: <u>Dr. X</u>	
Contact (phone/fax): <u>XXX-XXX-XXXX</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- the duration of therapy recommended for recurrent acute otitis media using amox/clav is 10 days (rather than 7) at an amoxicillin dose of 90 mg/kg/day (high-dose treatment)</u>	
<u>- based on patient's weight and the indication for the medication, current dose is suboptimal</u>	
<u>- 2:1 formulation is not available commercially, but the 7:1 formulation is</u>	
<u>- given the greater potential for diarrhea while taking high-dose amox/clav, TID dosing of the 7:1 formulation is preferred over BID dosing</u>	
<u>- prescription is adapted to the Clavulin 400/57 mg formulation, and is prescribed as 7.5 mL TID for 10 days.</u>	
Monitoring/Follow-up Plan	
<u>- advised Mrs. SJ of the regimen change; informed her that the doctor will be contacted and informed of the dose change</u>	
<u>- counseled on proper medication administration and to keep suspension in the refrigerator for duration of therapy</u>	
<u>- counseled on common side effects with treatment (diarrhea, GI upset) and asked Mrs. SJ to monitor daughter for these as well as a rash or allergic reaction s/s</u>	
<u>- will follow up in 1 day to ensure no allergy and that the child is tolerating antibiotic and again in 1 week to ensure goals of therapy are met (infection is eradicated, symptoms have resolved)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist prescribes Champix continuation therapy

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>02/02/16</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>Champix 1 mg BID</u> <u>Qty: qs for an additional 12 weeks of treatment</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: <u>Jane Doe, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient has no contraindications to Champix therapy</u>	
<u>- Patient successfully completed 12 straight weeks of Champix treatment with minimal adverse effects</u>	
<u>- Champix may be continued for an additional 12 weeks, since smoking cessation was successful for 3 months, and it may increase the likelihood of long-term abstinence</u>	
<u>- The risk of smoking-cessation relapse is elevated in the period immediately following the end of drug treatment thus prescribing additional therapy is acceptable and warranted</u>	
<u>- Dose tapering may help minimize discontinuation symptoms (e.g., increase in irritability, urge to smoke, depression, and/or insomnia) that are observed in up to 3% of patients at the end of treatment</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on potential adverse effects with respect to monitoring and subsequent treatment of them</u>	
<u>- set up dates for follow-up with patient once a month for the remaining 3 months of therapy</u>	
<u>- patient to inform physician of continuation of therapy upon next visit (next week)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>02/02/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Jane Doe</u>	

Other Potential Solutions:

- Renew the previous prescription for varenicline instead of initiating a new prescription

➤ The pharmacist adapts the prescription to include a dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to Biaxin suspension 250 mg/5 mL</u>
<u>Biaxin suspension BID for 7 days</u>	<u>– Give 5 mL BID for 7 days</u>
<u>Mitte: qs</u>	<u>Mitte: 70 mL</u>
<u>Refills: 0</u>	<u>Refills: 0</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- according to the product monograph, the recommended daily dose of Biaxin in pediatric dosing is 15 mg/kg/day in divided doses twice daily (up to 1000 mg/day)</u>	
<u>- based on patient's weight (33 kg), she requires a daily dose of ~500 mg/day (=250 mg per dose BID)</u>	
<u>- patient is quite ill, her physician is not available, thus it is appropriate to adapt the prescription and determine dose based on her weight and indication</u>	
Monitoring/Follow-up Plan	
<u>- advised father on proper drug administration (quantity to be given to the daughter, storing the suspension at room temperature, shaking product before administering, potential GI side effects to expect while on the medication, etc.)</u>	
<u>- scheduled follow-up call in 2 days to monitor efficacy and safety of Biaxin therapy</u>	
<u>- will follow-up again in 1 week to assess treatment success/failure</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Can also adapt prescription to Biaxin 125 mg/5 mL and prescribe 10 mL BID for 7 days, for a total quantity of 140 mL.

➤ The pharmacist renews the prescriptions for 1 month

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX-XXXXXZ</u>	Date: <u>October 11, 2014</u>
Date of Original Rx: <u>April 1, 2014</u>	Adapted/Renewed Rx Details: <u>renewed</u>
Original Rx Details (name, strength, quantity, duration):	<u>amlodipine 10 mg 1 tab daily, ramipril 5 mg 1 tab daily, rosuvastatin 10 mg 1 tab daily</u>
<u>amlodipine 10 mg (1 tablet daily x 12 months)</u>	<u>Mitte: 1 month of each medication</u>
<u>ramipril 5 mg (1 tablet daily x 12 months)</u>	<u>Refills: 0</u>
<u>rosuvastatin 10 mg (1 tablet daily x 12 months)</u>	
<u>[Note: last prescriber was John Doe, RPh who dispensed a 6 month supply of these 3 medications]</u>	Original Prescriber Information
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient's medical conditions and medications have remained stable X 3 years</u>	
<u>- in the pharmacy, the patient's blood pressure is 133/84</u>	
<u>- 1 month supply given to allow the patient to make an appointment with the physician to evaluate efficacy of rosuvastatin (patient has not seen physician in 18 months and states no blood work X 2 years)</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to set up appointment with physician for evaluation and to obtain additional refills</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>October 11, 2014</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Give less than a 1-month supply of these chronic medications; stress importance of seeing physician ASAP

➤ The pharmacist adapts the formulation and regimen

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/21/15</u>
Date of Original Rx: <u>10/21/15</u>	Adapted/Renewed Rx Details: <u>adapted the</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to risedronate 150 mg monthly</u>
<u>risedronate 35 mg weekly</u>	<u>Qty: 12 weeks</u>
<u>Qty: 12 weeks</u>	
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been having trouble remembering to take her weekly risedronate dose</u>	
<u>- 150 mg monthly regimen may lead to better compliance and subsequently improved patient outcomes</u>	
Monitoring/Follow-up Plan	
<u>- patient advised to contact physician or pharmacist if experiencing any GI upset or any unusual symptoms</u>	
<u>- Pharmacist programmed a system alert to call Mrs. KN and remind her to take her monthly dose</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/21/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Discuss the use of blister packs to increase compliance with the weekly formulation.

➤ The pharmacist adapts the prescription by adjusting the dose based on current renal function

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>08/28/15</u>	Adapted/Renewed Rx Details: <u>adapted the</u>
Original Rx Details (name, strength, quantity, duration):	<u>new prescription to Valtrex 1 g every 12 hours</u>
<u>Valtrex 1 g TID for 7 days</u>	<u>for 7 days</u>
<u>Mitte: 21 caplets</u>	<u>Mitte: 14 caplets</u>
<u>Refills: 0</u>	<u>Refills: 0</u>
<u>[copy of most recent CrCl from nephrologist attached]</u>	Original Prescriber Information
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- according to the Valtrex monograph, caution is advised when administering Valtrex to patients with impaired renal function. A table is also provided with dosing adjustments based on the patient's creatinine clearance. In this case, Mr. AK requires a dose adjustment to 1 g q12h instead of TID as indicated on the prescription.</u>	
<u>- physician at the walk in clinic was not aware of Mr. AK's renal condition</u>	
Monitoring/Follow-up Plan	
<u>- discussed common side effects (N/V, headache, dizziness, abdominal pain, etc.) and serious side effects with Mr. AK (decreased urine production, pain in his sides or kidney area, blood in urine, etc.) and warned him to D/C the medication and seek immediate medical attention if this occurs.</u>	
<u>- scheduled follow-up call in 1-2 days with patient to ensure safety of the recommended dose schedule; will call to ensure efficacy by phone one week later.</u>	
<u>- counseled patient to follow-up with family physician and perhaps receive Zostavax vaccine to prevent the recurrence of shingles and/or reduce the intensity and duration of pain associated with shingles if shingles redevelops.</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X and Mr. AK's primary care physician</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Call the family physician or nephrologist first to verify creatinine clearance and discuss dose adjustments

➤ The pharmacist refills a 3-month supply of NovoRapid and a 3-month supply of Lantus

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX-XXXXXY</u>	Date: <u>03/01/16</u>
Date of Original Rx: <u>09/20/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>NovoRapid 20 units qam, 20 units qlunch, 35</u>
<u>NovoRapid 20 units qam, 20 units qlunch, 35 units</u>	<u>units qdinner and Lantus 20 units qhs</u>
<u>qdinner x 3 months supply</u>	<u>Mitte: 3 month supply of each type of insulin</u>
	<u>Refills: 0</u>
	Original Prescriber Information
<u>Lantus 20 units qhs x 3 months supply</u>	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- reviewed medication profile with patient- he is currently taking both NovoRapid and Lantus, which</u>	
<u>are missing from the present prescription, and he is compliant</u>	
<u>- confirmed that the patient's A1c is on target and recent blood sugar results have been within range</u>	
<u>- confirmed with the patient that he has been using his insulin as directed and that he is comfortable</u>	
<u>administering it</u>	
Monitoring/Follow-up Plan	
<u>- instructed patient to notify his doctor of the insulin renewal</u>	
<u>- provided patient with a list of his most up to date chronic prescription medication</u>	
<u>- advised patient to bring the list of his medication with him to his next appointment</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>03/01/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Suggest that the patient pay out of pocket and telephone the insurance company for a reimbursement when he obtains a prescription.
- Telephone the physician for a verbal order

➤ The pharmacist refuses temazepam renewal

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>10/28/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>Restoril 15 mg po qhs PRN sleep</u>	
<u>Authorized: 75 capsules (dispense 5 tablets every 7 days)</u>	
<u>Mitte: 5 capsules weekly</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- denied refill request as renewing targeted substances (and narcotics/controlled drugs) fall outside a pharmacist's scope of practice</u>	
<u>- patient states she needs temazepam to sleep every day, rather than 5 days a week now, warranting physician referral</u>	
Monitoring/Follow-up Plan	
<u>-advised patient to set up appointment with physician and obtain authorization for an increased dose or frequency of temazepam, if required after assessment</u>	
<u>-notified prescribing physician that Ms. PB is consistently short on pills; would benefit from condition re-assessment</u>	
<u>-will follow-up with patient in 1 week</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>01/28/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Call the physician and have a verbal conversation to discuss possible options

➤ The pharmacist renews the prescription for 2 EpiPen Jr.'s

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>08/28/14</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>EpiPen Jr. Use UD prn</u>	<u>Mitte: 2 autoinjectors (1- school; 1-home)</u>
<u>Mitte: 2 autoinjectors (1- school; 1-home)</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has expired EpiPens and requires a new prescription as soon as possible</u>	
<u>- patient's mother would prefer to not pay out-of-pocket for the EpiPens if possible thus renewing is warranted</u>	
<u>- patient weighs 58 lbs, thus dispensing the EpiPen Jr. (rather than adult) is correct as it's used in patients who weigh 15 to 30 kg (33-66 pounds)</u>	
<u>- patient has been prescribed EpiPen Jr. in the past</u>	
Monitoring/Follow-up Plan	
<u>- advised patient's mother to set up appointment with family physician and obtain additional refills</u>	
<u>- counseled patient's mother on proper use of EpiPen</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Suggest that the patient pay out of pocket for EpiPens and call her insurance afterwards for reimbursement
- Renew only one EpiPen and call the physician for additional refill authorizations

- The pharmacist denies renewal of the ramipril prescription and refers patient to her family physician for a change in therapy; the pharmacist renews the HCTZ prescription.

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX-XXXXXY</u>	Date: <u>01/23/16</u>
Date of Original Rx: <u>11/20/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>hydrochlorothiazide 25 mg qAM x 1 month</u>
<u>hydrochlorothiazide 25 mg qAM x 3 months</u>	<u>denied renewal of ramipril 5 mg OD</u>
<u>ramipril 5 mg OD x 3 months</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- the patient's BP in the pharmacy is 127/79</u>	
<u>- patient appears to be experiencing the dry cough as an adverse effect of ramipril and may require alternate therapy (e.g., angiotensin II receptor antagonists) for hypertension</u>	
<u>- renewed hydrochlorothiazide prescription as patient seems to be tolerating this medication well</u>	
Monitoring/Follow-up Plan	
<u>- referred patient to her family doctor immediately for assessment of possible drug-induced chronic cough</u>	
<u>- advised patient to monitor blood pressure daily and to continue taking hydrochlorothiazide tablets</u>	
<u>- scheduled follow-up with patient in 1 week to assess blood pressure, presence of cough and therapy modifications made</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>01/23/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refill a 7-day supply of ramipril until patient can make an appointment with her physician
- Telephone the physician to discuss possible options

➤ The pharmacist recommends over-the-counter smoking cessation therapy

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>N/A</u>	Date: <u>N/A</u>
Date of Original Rx: <u>Feb 1/16</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): _____	_____
_____	_____
_____	_____
_____	_____
_____	Original Prescriber Information
_____	Name: <u>N/A</u>
_____	Contact (phone/fax): <u>N/A</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has a contraindication to bupropion therapy due to a history of bulimia. She also takes lorazepam for her GAD. Both varenicline and bupropion have been linked to mood changes and neuropsychiatric effects rendering them potentially unsafe for this particular patient.</u>	
<u>- varenicline has not been studied in pregnancy; The risk of spontaneous abortions may be increased with bupropion.</u>	
<u>- patient has tried nicotine gum in the past; recommended combining the gum with the nicotine patch and counseled MA on the proper application of the patch and how to properly use the gum.</u>	
Monitoring/Follow-up Plan	
<u>- instructed patient to discuss the option of varenicline with the physician who diagnosed and prescribed Ativan for her GAD</u>	
<u>- set up dates for follow-up calls with patient at 1 week and 1 month</u>	
<u>- patient to monitor for side effects and notify family physician of new therapy chosen</u>	
<u>- reminded patient that it takes an average of 7 times to quit smoking and that she should continue trying</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>Feb 1/16</u>	
Method of Notification: <u>[documented discussion with MA and called physician to discuss]</u>	
Fax # _____	Phone # <u>XXX-XXX-XXXX</u> Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Nicotine inhaler – the patient may benefit from the nicotine inhaler, particular if there is a psychosocial aspect to her addiction. It has proven beneficial to many patients who crave the nicotine as well as the hand-to-mouth motion.
- Champix – since little evidence directly links the use of varenicline with worsening of psychiatric behaviour (has only been linked directly with increased symptoms of depression), this may be an option if monitored closely.

➤ The pharmacist adapts the prescription to Celebrex 100 mg

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>Celebrex 200 mg BID</u>	<u>prescription to Celebrex 100 mg BID</u>
<u>Mitte: 30 day supply (60 capsules)</u>	<u>Mitte: 30 days (60 capsules)</u>
<u>Refills: 0</u>	<u>Refills: 0</u>
<u>LU code: 316</u>	<u>LU code 316</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has osteoarthritis; according to product monograph, the recommended dose for Celebrex is 200 mg daily (either 200 mg once daily or 100 mg twice daily) for this indication.</u>	
<u>- the maximum dose of Celebrex reimbursed by Ontario Drug Benefit for osteoarthritis is 200 mg/day (LU code 316).</u>	
<u>- Verified patient has no contraindications to therapy (e.g., uncontrolled heart failure, cardiac bypass surgery in the past, allergy to ASA or NSAIDs, active gastrointestinal ulcer, severe liver/kidney disease)</u>	
Monitoring/Follow-up Plan	
<u>- advised patient that doctor would be contacted and informed of the decrease in dose</u>	
<u>- discussed potential side effects of Celebrex (e.g., dyspepsia, diarrhea, abdominal pain, headaches) and advised patient to seek physician or pharmacist if symptoms don't improve or worsen with therapy</u>	
<u>- scheduled follow up appointment in 7 days to ensure compliance, safety, and efficacy</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- The prescription can also be adapted to Celebrex 200 mg OD instead of Celebrex 100 mg BID.

➤ The pharmacist refuses to renew the prescription

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>09/28/15</u>	Adapted/Renewed Rx Details: <u>refused renewal of prednisone 50 mg tablets</u>
Original Rx Details (name, strength, quantity, duration): <u>prednisone 50 mg once daily</u> <u>Mitte: 30 tablets</u> <u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- the patient's increased steroid use is concerning and warrants physician referral</u>	
<u>- patient is at risk of many adverse effects (e.g. greater susceptibility to infections, osteoporosis, weakening of the bones) due to prolonged usage and high dose of prednisone</u>	
<u>- patient's condition seems uncontrolled and may require additional therapy</u>	
Monitoring/Follow-up Plan	
<u>- referred patient to his specialist (or the emergency department if MD unavailable) as soon as possible</u>	
<u>- scheduled follow-up appointment with patient in 1 week to assess Crohn's and status of treatment per his MD</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>01/28/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Renew a 3-day supply of prednisone until patient can see his specialist
- Telephone the patient's physician to discuss possible options

➤ The pharmacist adapts the prescription by decreasing the dose to the patient's usual maintenance dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/11/15</u>
Date of Original Rx: <u>11/11/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to Symbicort 200 - 1 inhalation</u>
<u>Symbicort 200</u>	<u>BID</u>
<u>2 inhalations BID</u>	<u>Mitte: 1 inhaler</u>
<u>Mitte: 1 inhaler</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. Y</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient on stable dose (Symbicort 200 - 1 inhalation BID) x 3 years</u>	
<u>- patient only uses salbutamol reliever therapy 2 times per month</u>	
<u>- patient saw new physician at his clinic who prescribed Symbicort 200 - 2 inhalations bid (patient confirmed that the physician had meant to keep patient on same dosage as before)</u>	
<u>- patient's asthma is well-controlled (no signs of worsening asthma, no changes to overall health)</u>	
Monitoring/Follow-up Plan	
<u>- patient advised to contact physician or pharmacist if experiences any worsening signs/symptoms of asthma</u>	
<u>- patient counseled on proper use of medication</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X and Dr. Y</u>	
Date of Notification: <u>11/11/15</u>	
Method of Notification: <u>Fax</u>	
Fax # <u>XXX-XXX-XXXX (Dr. X)</u>	Phone # <u>XXX-XXX-XXXX (Dr. Y)</u> Other <u></u>
Pharmacist Information	
Signature of RPh: <u>RPh Z</u>	

➤ The pharmacist adapts the prescription by increasing the Lantus dosage

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/11/2015</u>
Date of Original Rx: <u>05/03/2015</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to Lantus 22 units qhs (increased by 10%)</u>
<u>Lantus 20 units qhs</u>	
<u>Qty: 12 month supply</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient's diet and exercise are good; no reported episodes of hypoglycemia</u>	
<u>- current total daily dose of insulin is 20 units but blood glucose readings are high at fasting (7-10) and bedtime (6.6-13)</u>	
<u>- fasting blood glucose is consistently high and requires adjustment to Lantus</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on importance of monitoring blood glucose readings, and s/s of hypoglycemia before adjusting insulin</u>	
<u>- will follow up in 1 week to review blood glucose readings (will monitor daily fasting blood glucose and at alternate meal times before eating and 2 hours after eating) and will adjust insulin further prn</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/11/2015</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist adapts the prescription by titrating medication to the increased dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/11/15</u>
Date of Original Rx: <u>10/11/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to metformin 500 mg qAM and</u>
<u>metformin 1000 mg BID</u>	<u>1000 mg qPM x 2 weeks, then increase to</u>
<u>Qty: 12 months</u>	<u>1000 mg BID (if patient tolerates increased</u>
	<u>dose)</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been on metformin 500 mg BID x 3 months</u>	
<u>- an increase from 500 mg to 1000 mg BID may cause gastrointestinal side effects; symptoms may be</u>	
<u>lessened if dose is slowly titrated up</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient about metformin and the risks of GI side effects with increasing dose</u>	
<u>- patient to contact pharmacist or physician if experiencing negative side effects</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/11/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Call the patient's primary care physician to discuss medication titration prior to filling this prescription.

➤ The pharmacist recommends nicotine replacement therapy

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>N/A</u>	Date: <u>N/A</u>
Date of Original Rx: <u>N/A</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>N/A</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>N/A</u>
	Contact (phone/fax): <u>N/A</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient is currently struggling with anorexia thus bupropion is contraindicated.</u>	
<u>- Patient has no contraindications to nicotine replacement therapy and has never tried it before.</u>	
Monitoring/Follow-up Plan	
<u>- Discussed nicotine gum, inhaler, patch and lozenges with the patient to determine which is most appealing for her</u>	
<u>- Helped patient set a target quit date (2 weeks from today)</u>	
<u>- Scheduled follow-up with patient in one week, one week following her quit date and then monthly thereafter</u>	
<u>- Reinforced the benefits of quitting smoking even with the potential weight gain</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/2015</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Varenicline – the patient has no contraindication to varenicline therapy, although there is a small possibility that it may exacerbate her underlying psychiatric illness. The risks can be discussed and if the patient would prefer, she may pursue this option.

➤ The pharmacist adapts the existing Champix prescription by lowering the dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>12/18/15</u>
Date of Original Rx: <u>12/08/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>Champix 1 mg BID</u>	<u>prescription by decreasing Champix dose from</u>
<u>Mitte: 10 weeks</u>	<u>1 mg BID to Champix 0.5 mg BID</u>
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient confirmed nausea was the only ADR being experienced; the medication seemed to be</u>	
<u>working well otherwise</u>	
<u>- nausea is dose-dependent, thus a decrease in dose may help relieve symptoms</u>	
Monitoring/Follow-up Plan	
<u>- instructed patient to take medication with food and water as symptoms of nausea may be worsened</u>	
<u>when Champix is taken on an empty stomach</u>	
<u>- Patient to continue monitoring nausea and other potential side effects (e.g., abnormal dreams,</u>	
<u>constipation, vomiting)</u>	
<u>- Set up date to follow-up with patient in 1 week</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/18/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Watch and wait approach: Counsel the patient on nonpharmacological measures to reduce nausea symptoms and instruct her to monitor it as the incidence of nausea peaks in the second week of treatment and reduces thereafter.
- Discontinue Champix and change to NRT or bupropion.

➤ The pharmacist refuses to adapt the prescription to Ativan 1 mg tablets

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>01/05/2016</u>	Adapted/Renewed Rx Details: <u>refused to</u>
Original Rx Details (name, strength, quantity, duration): <u>Ativan SL 1 mg - one tab sl prn ud</u>	<u>adapt prescription to Ativan regular tablets</u>
<u>Mitte: 15 tablets</u>	
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Mr. AM has had Ativan SL in the past, but this formulation is not covered by ODB and he can no longer afford to pay</u>	
<u>- lorazepam tablets (regular) are covered by ODB, but adapting prescriptions for controlled substances falls outside a pharmacist's scope of practice</u>	
Monitoring/Follow-up Plan	
<u>- advised patient that the physician needs to approve the change in dosage form</u>	
<u>- faxed Dr. X for request to dispense regular Ativan tablets</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>01/05/2016</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Ask the patient to return to his physician for a new prescription

➤ The pharmacist renews a 1-month supply of alendronate and refers patient to physician

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>02/03/16</u>
Date of Original Rx: <u>02/04/14</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>alendronate 70 mg once weekly</u>
<u>Fosamax 70 mg once weekly</u>	<u>Mitte: 1 month supply (4 tablets)</u>
<u>Mitte: 3 month supply</u>	
<u>Refills: 3</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been on the same dose of alendronate for years</u>	
<u>- patient counseled that esophagitis is largely preventable</u>	
<u>- alendronate therapy increases BMD and accounts for a decrease in the risk of all fractures thus the Rx was renewed for a 1-month supply until patient sees family MD</u>	
<u>- some studies link long-term alendronate (>5 years) to oversuppression of bone turnover, resulting in bones that are brittle despite improved bone density; this may lead to atypical or low-impact fractures of the femoral shaft after prolonged therapy thus advised patient to be seen by a physician as soon as possible to determine if therapy is still indicated</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient to take alendronate first thing in the morning on an empty stomach with a full glass of water; stressed importance of remaining upright in a sitting or standing position for at least 30 minutes afterwards.</u>	
<u>- counseled on non-pharmacologic measures for overall well-being and for osteoporosis (avoiding alcohol and tobacco, ensuring adequate dietary calcium intake, etc.)</u>	
<u>- recommended BMD measurement be done as it has been >5 years since last test</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>02/03/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Telephone the patient's family physician to discuss the situation as well as authorize Alendronate refill

➤ The pharmacist adapts the prescription to montelukast 5 mg chewable tablets

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/28/15</u>
Date of Original Rx: <u>10/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to montelukast 5 mg tabs</u>
<u>Singulair 10 mg tablets (1 tablet qhs)</u>	<u>Chew 2 tablets daily at bedtime</u>
<u>Mitte: 30 tablets</u>	<u>Mitte: 60 chewable tablets</u>
<u>Refills: 2</u>	<u>Refills: 2</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Ms. QZ is having trouble swallowing her 10 mg tablets; there are 4 mg and 5 mg chewable tablets or 4 mg granules per packet available</u>	
<u>- the patient elected to try the chewable tablets (5 mg), thus the sig was changed to 2 tablets (10 mg) once daily at bedtime, in order to match the strength prescribed in the original prescription</u>	
Monitoring/Follow-up Plan	
<u>- informed patient that she now has to take (by chewing) 2 tablets daily rather than 1 tablet</u>	
<u>- educated patient on side effects such as abdominal pain, headache, drowsiness/dizziness (rare), thirst and diarrhea</u>	
<u>- scheduled follow-up in 1 week to assess patient's ability to take new medication formulation; will call in 1 month to assess efficacy and safety of product</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>N/A (not clinically significant)</u>	
Date of Notification: _____	
Method of Notification: _____	
Fax # _____	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Adapt the prescription to the 4 mg granules for oral use, although this is a suboptimal dose: if Ms. QZ uses 2 packets, the total dose is 8 mg, which is lower than the 10 mg prescribed by the physician for her indication.

➤ The pharmacist adapts the prescription to Clavulin-400

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>01/28/16</u>
Date of Original Rx: <u>01/28/16</u>	Adapted/Renewed Rx Details: <u>adapted the prescription by changing from 16.9 mL BID of Clavulin-200 (calculated dose) to 8.4 mL (675 mg) BID of the Clavulin-400 product for 7 days of therapy; Mitte: qs</u>
Original Rx Details (name, strength, quantity, duration): <u>Clavulin-200</u>	
<u>Sig: 45 mg/kg/day divided BID x 7 days</u>	
<u>Mitte: qs</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- The father mentioned his son had diarrhea with previous antibiotic treatment. The Clavulin-250 TID regimen can cause more diarrhea than BID formulations due to the ratio of Amox:Clav being 4:1, whereas the Clavulin BID treatment regimen uses a ratio of 7:1.</u>	
<u>- The dose (45 mg/kg/day) is verified to be within the treatment guidelines for this patient's age; instructions rewritten to reflect the volume needed to give this dose using Clavulin-400</u>	
Monitoring/Follow-up Plan	
<u>- Notified the father that diarrhea is still a common side effect, but is less of a risk with this formulation.</u>	
<u>- Instructed father to monitor son for GI side effects and for any signs of an allergic reaction.</u>	
<u>- Counseled to refrigerate suspension and shake well before every dose.</u>	
<u>- Will follow up in one day to ensure the child is tolerating the medication with limited ADRs.</u>	
<u>- Will follow up in one week to assess treatment success/failure.</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>N/A (not clinically significant)</u>	
Date of Notification: _____	
Method of Notification: _____	
Fax # _____	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist prescribes bupropion

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>12/12/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>bupropion 150 mg x 3 days, then 150 mg BID for 12 weeks</u>	
<u>-patient to select quit date; begin treatment 1-2 weeks prior to selected quit date</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: <u>Jane Doe, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient motivated to quit but needs help in doing so</u>	
<u>- Patient has no contraindication to bupropion therapy</u>	
<u>- bupropion is a reasonable option for smoking cessation and may also help his depression</u>	
Monitoring/Follow-up Plan	
<u>- instructed patient on potential interaction between bupropion and St. John's Wort and strongly suggested discontinuing the latter</u>	
<u>- counseled patient on directions for use, adverse effects and subsequent monitoring</u>	
<u>- set up dates for follow-up with patient at 1 week and at 1 week after the quit date, and monthly thereafter</u>	
<u>- patient to inform physician of initiation of therapy</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/12/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Jane Doe</u>	

Other Potential Solutions:

- Nicotine replacement therapy - Other non-prescription smoking cessation therapies could be recommended such as the inhaler, patch, lozenge or gum, which would also provide a reasonable alternative. If the patient finds that even bupropion is not enough, combination therapy with bupropion and nicotine gum/inhaler/lozenge could be recommended.
- Varenicline – the patient could be started on varenicline, although there is a risk that it may exacerbate his underlying psychiatric illness. The patient would have to be monitored very closely and may even warrant a referral for closer monitoring. Alternative therapies to directly treat his depression should be discussed.

➤ The pharmacist refills a 1-month supply of Rocaltrol 0.25 mcg

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>02/13/16</u>
Date of Original Rx: <u>09/18/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>Rocaltrol 0.25 mcg qAM x 3 months</u>	<u>Mitte: 90 capsules</u>
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient verified that she has made an appointment with her specialist</u>	
<u>- patient works across the street everyday Mon – Sat from 8am-9pm and always has a hard time picking up her meds</u>	
<u>- patient's well-being can be compromised if she continues to skip doses of her Rocaltrol</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to keep the already set-up appointment with physician and obtain additional refills</u>	
<u>- advised patient to obtain lab work (serum calcium, phosphorus, and 24-hour urinary calcium) periodically</u>	
<u>- advised patient to monitor dietary calcium intake and report any signs and symptoms consistent with hypercalcemia (e.g. N/V, polyuria, polydipsia, etc.)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>02/13/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Renew the prescription for a lesser day supply
- Call the physician for a verbal order

➤ The pharmacist renews a 6-month supply of Alesse-21

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>12/04/15</u>
Date of Original Rx: <u>06/01/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>Alesse-21 (1 tablet daily)</u>
<u>Alesse-21 (1 tablet daily)</u>	<u>Mitte: 6 months (6 packs)</u>
<u>Mitte: 6 months</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
<u>No Substitution</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been on Alesse-21 for 3 years and has not had any problems (breakthrough bleeding, pain, etc.)</u>	
<u>- 6-month supply provided</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to set up appointment with physician and obtain additional refills upon her next visit</u>	
<u>- discussed need for back-up contraception as she missed 2 doses of her medication</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/04/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refill a 1-month supply only and contact her physician for a new prescription

➤ The pharmacist prescribes bupropion

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>12/12/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>bupropion 150 mg qd x 3 days, then 150 mg BID for 12 weeks (patient to select quit date during 2nd week of therapy)</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: <u>Jane Smith, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient motivated to quit now following MI; has attempted to quit in the past- will not try gum again due to poor taste</u>	
<u>- patient has no contraindication to bupropion therapy</u>	
<u>- bupropion is a safe choice as meta-analyses have shown no increase in CV events during bupropion therapy for smoking cessation</u>	
<u>- will closely monitor glucose levels; decreased insulin requirement may be possible due to insulin-induced resistance caused by smoking</u>	
<u>- smoking can increase clearance of bisoprolol; clinical implication unclear; will monitor BP and HR</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on directions for use, adverse effects and monitoring of glucose levels</u>	
<u>- set up dates for follow-up at 1 week after his quit date and monthly thereafter</u>	
<u>- instructed PT to monitor for adverse events (e.g., change in glucose levels, blood pressure, HR) and importance of notifying pharmacist or physician if these occur</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/12/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Jane Smith</u>	

Other Potential Solutions:

- Nicotine replacement therapy - Other non-prescription smoking cessation therapies could be recommended such as the nicotine inhaler or the nicotine patch. Neither of those will have the 'bad taste' to which the patient is averse and so these could also be reasonable options.

➤ The pharmacist refuses to renew the prescription for test strips

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>12/05/2015</u>	Adapted/Renewed Rx Details: <u>refused to</u>
Original Rx Details (name, strength, quantity, duration): <u>glucose test strips - ud</u>	<u>renew prescription for test strips</u>
<u>Mitte: 3 boxes</u>	
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Mr. ER tests his blood glucose 4 times daily and has run out of strips</u>	
<u>- test strips are considered medical devices, so renewal falls outside of the pharmacist's scope of practice</u>	
Monitoring/Follow-up Plan	
<u>- advised patient that the physician needs to authorize the renewal</u>	
<u>- faxed Dr. X for new authorization</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>03/05/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Suggest that the patient pay out of pocket for test strips and call his insurance afterwards for reimbursement
- Ask the patient to return to his physician for a new prescription

➤ The pharmacist educates on smoking cessation therapies and offers help with over-the-counter options

Prescription Information		
Original Prescription Information	Adapted/Renewed Information	
Original Prescription No.: <u>N/A</u>	Date: <u>N/A</u>	
Date of Original Rx: <u>01/23/16</u>	Adapted/Renewed Rx Details: <u>N/A</u>	
Original Rx Details (name, strength, quantity, duration): _____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<th>Original Prescriber Information</th>	Original Prescriber Information
	Name: <u>N/A</u>	
	Contact (phone/fax): _____	
Rationale for Prescribing		
(Consider Patient Assessment, Circumstances, etc.)		
<u>- no consent received from the actual patient to write or dispense a prescription for smoking cessation</u>		
<u>- patient not present thus assessing his willingness to quit not possible at this time</u>		

Monitoring/Follow-up Plan		
<u>- will call patient to discuss various smoking cessation options this week in hopes of assisting in cessation process</u>		
<u>- if patient has begun OTC therapy, will follow-up in 1 week and 1 month to assess outcomes and adverse effects</u>		

Consent		
Consent was received from the patient/agent <input type="checkbox"/>		
Notification Information		
Names of Prescriber/Practitioner notified: <u>N/A</u>		
Date of Notification: <u>N/A</u>		
Method of Notification: _____		
Fax # _____	Phone # _____ Other _____	
Pharmacist Information		
Signature of RPh: <u>RPh Y</u>		

Other Potential Solutions:

- Ask Mrs. AB to bring in Mr. BB for an appointment with the pharmacist – if the pharmacist sees Mr. BB personally, his readiness to quit or barriers to quitting can be properly assessed. If a prescription is indicated, it can be written at that appointment and the pharmacist can schedule proper follow up and monitoring.

➤ The pharmacist prescribes varenicline

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>11/11/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>varenicline 0.5 mg daily days 1-3, then 0.5 mg BID days 4-7, then 1 mg BID (patient to set a quit date during 1st or 2nd week of therapy)</u>	
<u>Qty: 12 weeks</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>John Smith, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient is ready to initiate smoking cessation therapy</u>	
<u>- patient does not have any contraindication to therapy</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on directions for use and what to expect from treatment</u>	
<u>- provided prescription to patient</u>	
<u>- advised patient to contact me if any side effects are experienced</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/11/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>John Smith</u>	

Other Potential Solutions:

- Nicotine replacement therapy – the patient has not expressed any disinterest in nicotine replacement therapy, and therefore the patch, gum, inhaler, or lozenges can be recommended as reasonable options. In combination with NRT, the patient should be counseled on setting a target quit date, enlisting social support, as well as using problem-solving tactics to remain smoke-free.
- Bupropion – the patient does not have any contraindications to the use of Bupropion thus this may also be a reasonable option.

➤ The pharmacist adapts the prescription by decreasing the fluconazole dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>fluconazole 200 mg STAT then 100 mg once daily</u> <u>Qty: 3 week supply (reassess weekly to ensure</u> <u>treatment continues for at least 2 weeks following</u> <u>resolution of symptoms)</u>	<u>prescription to fluconazole 100 mg STAT then</u> <u>50 mg once daily</u>
Refills: <u>0</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- for patients with a creatinine clearance of 21-50 mL/min who are not on dialysis, the dosage of</u> <u>fluconazole should be reduced by 50% of the normal recommended dose</u>	
<u>- patient's current creatinine clearance = 35 mL/min and has been consistent over the past 2 months,</u> <u>warranting dose adjustment</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on details of therapy</u>	
<u>- advised patient to contact nurse or pharmacist if experiencing any side effects</u>	
<u>- will follow up with patient weekly (by calling) to review symptoms and ensure that therapy continues</u> <u>for at least 2 weeks following the resolution of symptoms</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # _____	Phone # _____ Other <u>Note placed in chart</u>
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Contact the prescribing physician prior to filling the prescription to notify him of the reduced creatinine clearance and subsequent dosage adjustment

➤ The pharmacist adapts the prescription to tobramycin 0.3% ophthalmic drops

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>Tobrex ophthalmic ointment – Apply thin ribbon to affected eye BID-TID</u>	<u>prescription to tobramycin 0.3% ophthalmic drops - Instill 2 drops to the conjunctival sac of the affected eye every 4 hours while awake</u>
<u>Mitte: 1 tube</u>	<u>Mitte: 1 bottle, Refill: 0</u>
<u>Refills: 0</u>	Original Prescriber Information
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient will not comply with ophthalmic ointment as he has tried it in the past and is bothered by its adverse effects (blurred vision) and consistency (goopy) and thus may have improved outcomes from switching to tobramycin ophthalmic drops</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on proper eye drop application and importance of not contaminating product</u>	
<u>- counseled patient on possible side effects that may occur while instilling product in the eye (e.g., brief stinging/burning and rarely some irritation)</u>	
<u>- advised patient to use this product for an additional 2 days after all symptoms have subsided</u>	
<u>- advised patient to see physician if symptoms do not get better or worsen within 48 hours</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>N/A (not clinically significant)</u>	
Date of Notification: _____	
Method of Notification: _____	
Fax # _____	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Fill the eye ointment prescription and counsel patient on proper use and administration at bedtime, morning, and once or twice during the day when he is not going to mind experiencing some mild discomfort due to blurred vision and product instillation.

➤ The pharmacist renews Spiriva for a 1-month supply

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/30/15</u>
Date of Original Rx: <u>05/18/15</u>	Adapted/Renewed Rx Details: <u>renewal of 1</u>
Original Rx Details (name, strength, quantity, duration): <u>Spiriva HandiHaler - Inhale the contents of 1 capsule once daily via HandiHaler device</u>	<u>Mitte: 30 capsules</u>
<u>Mitte: 60 capsules</u>	<u>Refills: 0</u>
<u>Refills: 2</u>	Original Prescriber Information
<u>[Note: Rx copy attached was faxed over from original dispensing pharmacy]</u>	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- called patient's regular pharmacy to request info on his Spiriva Rx; received a faxed prescription copy directly from the pharmacist at the pharmacy where the prescription was dispensed to the patient; confirmed first and last fill dates</u>	
<u>- patient has not used his Spiriva for over 2 weeks and as a result his symptoms are getting worse. He will not be able to visit his physician for another 2 weeks, putting him at risk for an acute COPD exacerbation</u>	
<u>- patient has been otherwise stable on the Spiriva for over 18 months</u>	
Monitoring/Follow-up Plan	
<u>- renewed 1 package only, which will last 1 month, thus covering him until his physician appointment in 2 weeks</u>	
<u>- advised patient to keep his appointment his physician and obtain additional refills</u>	
<u>- advised patient that cough syrup is not recommended for treatment of cough in COPD; stressed importance of medication adherence and non-drug measures in relieving cough</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/30/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
<u>Note: also verbally notified the pharmacist at the original pharmacy where the Spiriva was dispensed</u>	
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refer the patient to the nearest walk-in clinic or emergency department if breathing is particularly troublesome
- Call the patient's family physician for a verbal order

➤ The pharmacist refills 2 canisters of Ventolin for this patient (1 for camp, 1 for home)

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>08/28/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>Ventolin HFA i-ii puffs prn</u>	<u>Ventolin 1-2 puffs prn</u>
<u>Mitte: 2 inhalers (1- school; 1-home)</u>	<u>Mitte: 2 inhalers</u>
<u>Refills: 0</u>	<u>Refills: 0</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient is leaving for soccer camp for 2 weeks and is in need of Ventolin</u>	
<u>- patient's asthma seems to be under control as she has been using about 3 doses of Ventolin per week</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to set up appointment with physician and obtain additional refills</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refill only one canister
- Call the physician for a verbal order

➤ The pharmacist refuses renewal of the antibiotic prescription but dispenses the Ventolin

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX-XXXXXY</u>	Date: <u>12/05/15</u>
Date of Original Rx: <u>10/28/15</u>	Adapted/Renewed Rx Details: <u>N/A (refilled</u>
Original Rx Details (name, strength, quantity, duration): <u>Z-Pak Take as directed x 5 days for bronchitis</u>	<u>Ventolin inhaler as patient had refills on file)</u>
<u>Mitte: 1 pack, Refills: 0</u>	
<u>Ventolin Inhaler i-ii puffs qid prn</u>	
<u>Mitte: 1 inhaler, Refills: 2</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient requires referral to properly assess whether an actual infection exists or if this is an acute asthma attack</u>	
<u>- patient may not be able to take the same antibiotic if an infection does exist</u>	
Monitoring/Follow-up Plan	
<u>- referred the patient to her family physician</u>	
<u>- faxed family physician an update on the situation</u>	
<u>- counseled on appropriate use of Ventolin to treat asthma attacks</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/05/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refer the patient to the nearest walk-in clinic for assessment of current respiratory problem

➤ The pharmacist prescribes varenicline

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>01/31/16</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>varenicline 0.5 mg daily on days 1-3, then 0.5 mg BID on days 4-7, then 1 mg BID (patient to set a quit date during 1st or 2nd week of therapy)</u>	
<u>Qty: 12 weeks</u>	
<u>LU code: 423</u>	
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Original Prescriber Information
	Name: <u>Joe Black, RPh</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient has no current contraindications to varenicline therapy and nothing has changed with regards to his health in the past 3 years (since the last prescription of Champix was written)</u>	
<u>- patient is motivated and willing to quit smoking once he calculated the costs saved in not purchasing cigarettes; reassured patient that quitting smoking will indeed unload some of his financial burden</u>	
Monitoring/Follow-up Plan	
<u>- patient selected a quit date (day 7) and was counseled on how to properly take Champix</u>	
<u>- scheduled a follow-up appointment at 1 week following his quit date and then monthly thereafter</u>	
<u>- patient to inform his physician that he is currently on Champix</u>	
<u>- patient is aware of potential side effects and how to properly manage them (as well as when to seek help)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>01/31/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>Joe Black</u>	

Other Potential Solutions:

- Bupropion – the patient does not have any contraindications to the use of bupropion thus this may also be a reasonable option.
- Nicotine replacement therapy – the patient has not expressed any disinterest in nicotine replacement therapy, and therefore the patch, gum, inhaler, or lozenges can be recommended as reasonable options, though cost may be a limiting factor for him. In combination with NRT, the patient should be counseled on additional non-pharmacologic measures such as enlisting social support and using problem-solving tactics to remain smoke-free.

➤ The pharmacist adapts the prescription to Tamiflu 75 mg twice daily for 5 days

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>11/28/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>prescription to Tamiflu 75 mg - 1 capsule twice daily</u>
<u>Tamiflu 75 mg once daily</u>	<u>Mitte: 10 capsules</u>
<u>Mitte: 5 capsules</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<i>- Tamiflu once daily is used for flu prevention; considering the patient is visibly ill, her symptoms are consistent with the flu, and the doctor diagnosed it as influenza, therapy should be directed towards treatment of the flu.</i>	
<i>- according to the product monograph, the treatment regimen is Tamiflu 75 mg twice daily for 5 days</i>	
<i>- counseled patient to begin Tamiflu as quickly as possible to ensure her treatment is as effective as possible (Tamiflu should begin no later than two days after flu symptoms appear).</i>	
<i>- patient has no other medical conditions or co-morbidities</i>	
Monitoring/Follow-up Plan	
<i>- advised patient that doctor would be contacted and informed of the switch from once-daily to twice-daily directions</i>	
<i>- informed patient to take her medication twice daily for 5 consecutive days</i>	
<i>- discussed potential side effects of Tamiflu (e.g., nausea, vomiting, abdominal pain, headache) and minimization of GI-related effects by taking the medication with food</i>	
<i>- scheduled follow-up phone call in 4 days to monitor efficacy and safety (side effects) of Tamiflu</i>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist adapts the prescription by changing the medication formulation

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/10/2015</u>
Date of Original Rx: <u>07/11/2015</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration):	<u>existing prescription to Advair Diskus 250 - 1</u>
<u>Advair MDI 125 2 puffs BID</u>	<u>inhalation BID</u>
<u>Qty: 12 weeks</u>	<u>Mitte: 1 Diskus</u>
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been having trouble depressing canister with MDI inhaler due to arthritis</u>	
<u>- Patient tried a demo Diskus and found it easier to use</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to contact pharmacist or physician if experiencing worsening symptoms or side effects</u>	
<u>- counseled patient on proper use of Diskus (do not shake, rinse mouth with water after use and spit, etc.)</u>	
<u>- scheduled follow-up with patient in 4 days</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/10/2015</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Recommend use of an Aerochamber to eliminate reliance on coordination.

➤ The pharmacist refills a 3-month supply of Eltroxin 50 mcg

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>07/02/15</u>
Date of Original Rx: <u>04/01/14</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>Eltroxin 50 mcg</u>	<u>Mitte: 90 tablets</u>
<u>Mitte: for 1 year (365 tablets)</u>	<u>Refills: 1</u>
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient is traveling outside the country for 3 months and needs a refill on her thyroid medication</u>	
<u>- patient is not experiencing any symptoms that would indicate hypo- or hyperthyroidism</u>	
<u>- patient's TSH level indicates that there should be no change to her regimen, as per her physician</u>	
Monitoring/Follow-up Plan	
<u>- advised patient that the physician would be contacted/informed of the extension of the thyroid medication</u>	
<u>- advised patient to monitor for signs and symptoms indicative of worsening disease</u>	
<u>- will contact MD for further renewals</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>07/02/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Call the physician for a verbal order

➤ The pharmacist renews the Diclectin prescription

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>03/07/13</u>
Date of Original Rx: <u>10/28/12</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>Diclectin - 2 tablets qhs, 1 tab qAM and 1 tab qPM</u>
<u>Diclectin - 2 tablets qhs, 1 tab qAM and 1 tab qPM</u>	<u>Mitte: 1 month supply</u>
<u>Mitte: 1 month supply</u>	<u>Refills: 0</u>
<u>Refills: 3</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient's nausea and vomiting is interfering with her quality of life</u>	
<u>- patient has been using this medication since early pregnancy and has had great success and no ADRs</u>	
<u>- medication is safe and effective for NVP</u>	
<u>-continuity of care is ensured by renewing this medication</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to speak with her physician to discuss need for additional Diclectin refills</u>	
<u>- counseled patient on appropriate use of medication, to be administered three times daily (4 tablets total); studies show suboptimal doses of Diclectin may be associated with less relief of NVP, whereas when the recommended dose of Diclectin (according to individual body weight) was used, women reported significant improvement in nausea</u>	
<u>- counseled patient to monitor N/V; if symptoms worsen, medical attention must be sought as symptoms may be due to acid reflux or may indicate another problem requiring additional therapy</u>	
<u>- scheduled follow-up appointment with patient in 1 week to assess nausea/vomiting</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X (obstetrician) and family physician</u>	
Date of Notification: <u>03/07/13</u>	
Method of Notification:	
Fax # _____	Phone # <u>XXX-XXX-XXXX</u> Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Telephone the physician - explain the situation and ask for confirmation that this medication should be renewed. If so, take a verbal authorization for further refills.
- Decline the renewal and refer patient to her obstetrician for evaluation of condition and therapy assessment.

➤ The pharmacist adapts the prescription by increasing the dose and changing the duration of therapy

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/11/15</u>
Date of Original Rx: <u>10/11/15</u>	Adapted/Renewed Rx Details: <u>adapted to high</u>
Original Rx Details (name, strength, quantity, duration): <u>amoxicillin liquid 125 mg TID (25 mg/kg/day)</u>	<u>dose amoxicillin liquid 350 mg TID (~80</u>
<u>Mitte: 10-day supply</u>	<u>mg/kg/day) x 5 days</u>
<u>Refills: 0</u>	<u>Mitte: 5-day supply</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- current dose is low (~25 mg/kg/day)</u>	
<u>- children in daycare are at higher risk of treatment failure with low dose amoxicillin</u>	
<u>- for children > 2 years of age with no frequent bouts of AOM and no prior antibiotics in previous</u>	
<u>month, high-dose amoxicillin (80 mg/kg/day divided BID or TID) x 5 days is a reasonable first-line</u>	
<u>option</u>	
Monitoring/Follow-up Plan	
<u>- counseled mother on directions for use and potential side effects</u>	
<u>- cautioned mother to contact physician or pharmacist if no signs of improvement after 4 days or any</u>	
<u>other symptoms develop/concerns arise</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/11/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist refuses to adapt the prescription to a different product

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>08/28/15</u>	Adapted/Renewed Rx Details: <u>refused to</u>
Original Rx Details (name, strength, quantity, duration): <u>Alocril eye drops (one drop in each eye twice daily)</u>	<u>adapt prescription to Pataday eye drops as</u>
<u>Mitte: 5 mL bottle</u>	<u>this is a completely different product</u>
<u>Refills: 4</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Mrs. GG has been using Alocril, which is not available, and the patient has run out of medication</u>	
<u>- Alocril and Pataday are used for the same indication, but they contain different active ingredients, so this would be considered a therapeutic substitution</u>	
Monitoring/Follow-up Plan	
<u>- advised patient that she needs to obtain a prescription for Pataday from a physician as this falls outside a pharmacist's scope of practice</u>	
<u>- faxed MD for request to change medication to Pataday</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Recommend a non-prescription product to temporarily help with allergic eye symptoms until patient sees physician for new prescription

➤ The pharmacist refills a 3-month supply of atorvastatin

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>04/03/2016</u>
Date of Original Rx: <u>11/01/2015</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>atorvastatin 40 mg qhs</u>	<u>Mitte: 90 day supply</u>
<u>Mitte: 90</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been on the same dose of atorvastatin since 2008 with no issues (muscle pain, etc.)</u>	
<u>- patient was told to remain on the same dose by discharging physician (statin expected post-MI)</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to set up appointment with physician to obtain additional refills</u>	
<u>- counseled patient on non-pharmacologic therapy post-MI including weight loss and dietary measures</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X [Note: also notified the discharging physician]</u>	
Date of Notification: <u>04/03/2016</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Telephone the physician to verify that patient should continue atorvastatin and to obtain a verbal order

➤ The pharmacist adapts the prescription by increasing the hydrochlorothiazide dose

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/11/15</u>
Date of Original Rx: <u>08/13/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>hydrochlorothiazide 12.5 mg daily</u>	<u>prescription to hydrochlorothiazide 25 mg</u>
<u>Qty: 6 months</u>	<u>qAM</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Current BP in the pharmacy (average of 3 readings) is 153/90, target is 140/90</u>	
<u>- patient has been monitoring blood pressure at home so not due to white coat effect</u>	
<u>- patient states that she has been adherent to therapy</u>	
<u>- patient has been on bisoprolol x 1 month and should have reached full therapeutic effect</u>	
<u>- increased hydrochlorothiazide to maximize dose as per hypertension guidelines for non-resistant hypertension</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on new dosing regimen</u>	
<u>- advised patient to contact the pharmacist or physician if experiencing side effects or worsening of disease state</u>	
<u>- discussed need to monitor blood pressure daily and record readings</u>	
<u>- scheduled call with patient in 1 week to ensure safety/tolerability of new increased dosage and then again in 4 weeks to assess efficacy (blood pressure control)</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/11/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Refer patient to her primary care practitioner for an additional antihypertensive

➤ The pharmacist renews a 4-week supply of rabeprazole

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>03/03/16</u>
Date of Original Rx: <u>02/02/16</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>rabeprazole 20 mg daily x 4 weeks</u>
<u>Pariet 20 mg daily x 4 weeks</u>	<u>Mitte: 28 days</u>
<u>Mitte: 28</u>	
<u>Refills: 0</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
<i>(Consider Patient Assessment, Circumstances, etc.)</i>	
<u>- patient is experiencing signs and symptoms consistent with GERD and requires additional therapy</u>	
<u>- dispensed 4-week supply of rabeprazole (max quantity based on original Rx)</u>	
<u>- for symptomatic GERD treatment, rabeprazole is usually given once daily for 4 weeks; if there's an inadequate response, it may be repeated for an additional 4-8 weeks</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on non-pharmacologic measures to control GERD (including what foods to avoid, etc.)</u>	
<u>- will contact patient's physician for a new prescription if therapy is to continue for more than 8 weeks total</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>03/03/16</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Telephone the physician to verify that rabeprazole is still a reasonable option and obtain a verbal order

➤ The pharmacist renews the chronic medications for his chronic conditions

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX-XXXXXZ</u>	Date: <u>11/28/15</u>
Date of Original Rx: <u>10/01/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration):	<u>metoprolol 50 mg (1 tablet twice daily),</u>
<u>metoprolol 50 mg (1 tablet twice daily x 3 months)</u>	<u>perindopril 4 mg (1 tablet once daily), and</u>
<u>perindopril 4 mg (1 tablet once daily x 3 months)</u>	<u>rosuvastatin 20 mg (1 tablet at bedtime)</u>
<u>rosuvastatin 20 mg (1 tablet at bedtime x 3 months)</u>	<u>Mitte: 90 days, Refills: 0</u>
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient's medical conditions have been stable for 2 years; all medications and doses have also remained the same</u>	
<u>- pharmacist assesses his BP and it is within range at 124/80, HR 70</u>	
<u>- patient reports he uses less than 1 nitroglycerin dose per month</u>	
<u>- patient to see GP in 1 month; renewed chronic medications to bridge until appointment</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to keep appointment with physician and obtain additional refills</u>	
<u>- will follow up with patient in 1 month to ensure he received a new prescription following his physical and that his medications remained the same</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Request a new prescription from his family physician by phone or fax
- Refill all medications (including nitroglycerin)

➤ The pharmacist adapts the prescription to a different formulation of bupropion

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>12/12/15</u>
Date of Original Rx: <u>12/12/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>bupropion SR 300 mg once daily</u>	<u>prescription to bupropion XL 300 mg once daily</u>
<u>Qty: 1 month</u>	
	Original Prescriber Information
	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient was previously on bupropion SR 150 mg bid</u>	
<u>- has been forgetting to take evening dose, requested once-daily formulation from her physician</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on new dosing regimen</u>	
<u>- advised patient to contact the pharmacist or physician if experiencing side effects or worsening of disease state</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>12/12/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Dispense bupropion SR 150 mg BID as before, and follow up with physician, or ask patient to follow up with physician about switching to bupropion XL
- Ask patient if she would be interested in blister packs to improve compliance

➤ The pharmacist renews warfarin 3.5 mg for 1 week

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/08/15</u>
Date of Original Rx: <u>01/02/15</u>	Adapted/Renewed Rx Details: <u>renewal of</u>
Original Rx Details (name, strength, quantity, duration): <u>warfarin 2.5 mg (1 tablet daily) +</u>	<u>warfarin 2.5 mg (1 tablet daily) + warfarin 1</u>
<u>warfarin 1 mg (1 tablet daily) for a total daily dose=</u>	<u>mg (1 tablet daily) for total daily dose= 3.5 mg</u>
<u>3.5 mg</u>	<u>Mitte: 30 tablets (2.5mg) + 30 tablets (1 mg)</u>
<u>Mitte: 30 tablets (2.5mg) + 30 tablets (1 mg)</u>	<u>Refills: 0</u>
<u>Refills: 0</u>	Original Prescriber Information
<u>[A copy of blood work showing current INR attached]</u>	Name: <u>Dr. X</u>
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient has been informed that her INR is 4 and that she should decrease her warfarin to 3.5 mg/day</u>	
<u>- for supratherapeutic INR, warfarin weekly dose should be decreased by 10-15%. Doing the necessary</u>	
<u>calculations, the recommended decrease is the regimen falls within this range. Therefore, the</u>	
<u>prescription for 3.5 mg is acceptable.</u>	
<u>- patient given one month's worth of medication to bridge until her next appointment</u>	
Monitoring/Follow-up Plan	
<u>- advised patient to set up and maintain her appointment to get INR checked in 7 days</u>	
<u>- advised patient that the physician will be contacted and informed of this change in regimen</u>	
<u>- asked patient to monitor for any signs or symptoms of bleeding/bruising</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/08/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

➤ The pharmacist recommends add-on nicotine replacement therapy to current regimen

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>N/A</u>
Date of Original Rx: <u>10/28/15</u>	Adapted/Renewed Rx Details: <u>N/A</u>
Original Rx Details (name, strength, quantity, duration): <u>bupropion 150 mg x 3 days, then 150 mg BID for 12 weeks (patient to select quit date during 2nd week of therapy)</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- Patient still struggles with cravings and so a breakthrough medication may be needed</u>	
<u>- bupropion and nicotine replacement combination therapy is associated with higher 6-month abstinence rates than monotherapy</u>	
Monitoring/Follow-up Plan	
<u>- Discussed nicotine gum, inhaler, and lozenges with the patient to determine which is most appealing</u>	
<u>- Helped patient set a new target quit date</u>	
<u>- Scheduled follow-up in one week, one week following the quit date and then monthly thereafter</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>11/28/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Varenicline – the patient could reasonably be switched to Champix as he has no current contraindications to therapy and the mechanism of action is completely different from that of the bupropion he's currently taking (and feels is failing). Bupropion could be tapered over 1–3 days before starting varenicline, particularly if the patient is taking the max dose of 300 mg/day. Note: No studies combining varenicline with nicotine replacement therapy – solo use of Champix would be stressed if this route were chosen.

➤ The pharmacist adapts the prescription for diltiazem by changing the formulation

Prescription Information	
Original Prescription Information	Adapted/Renewed Information
Original Prescription No.: <u>XXXXXX</u>	Date: <u>10/05/15</u>
Date of Original Rx: <u>10/05/15</u>	Adapted/Renewed Rx Details: <u>adapted</u>
Original Rx Details (name, strength, quantity, duration): <u>diltiazem CD 240 mg once daily</u>	<u>prescription to Tiazac XC 240 mg once daily</u>
<u>Qty: 3 months</u>	
Copy attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Original Prescriber Information
	Name: <u>Dr. X</u>
	Contact (phone/fax): <u>XXX-XXX-XXXX</u>
Rationale for Prescribing	
(Consider Patient Assessment, Circumstances, etc.)	
<u>- patient was previously on Tiazac XC 180 mg once daily</u>	
<u>- patient states that prescriber intended to increase dose from 180 mg to 240 mg</u>	
<u>- adapted to same formulation as before for more predictable change in effect</u>	
Monitoring/Follow-up Plan	
<u>- counseled patient on new dose</u>	
<u>- advised patient to contact the pharmacist or physician if experiencing side effects or worsening of disease state</u>	
Consent	
Consent was received from the patient/agent <input checked="" type="checkbox"/>	
Notification Information	
Names of Prescriber/Practitioner notified: <u>Dr. X</u>	
Date of Notification: <u>10/05/15</u>	
Method of Notification:	
Fax # <u>XXX-XXX-XXXX</u>	Phone # _____ Other _____
Pharmacist Information	
Signature of RPh: <u>RPh Y</u>	

Other Potential Solutions:

- Change patient's drug formulation from XC to CD and monitor patient closely.
- Contact Dr. X prior to adapting prescription in order to verify dose increase and obtain authorization to keep formulation as is.

CASE TYPES

Case	Type of Prescribing	Case	Type of Prescribing	Case	Type of Prescribing
1	Initiating	19	Adapting	37	Renewing
2	Renewing	20	Adapting	38	Renewing
3	Renewing	21	Adapting	39	Renewing
4	Renewing	22	Initiating	40	Initiating
5	Initiating	23	Adapting	41	Adapting
6	Adapting	24	Adapting	42	Adapting
7	Initiating	25	Renewing	43	Renewing
8	Adapting	26	Adapting	44	Renewing
9	Renewing	27	Adapting	45	Adapting
10	Adapting	28	Initiating	46	Adapting
11	Adapting	29	Renewing	47	Renewing
12	Renewing	30	Renewing	48	Adapting
13	Renewing	31	Initiating	49	Renewing
14	Renewing	32	Renewing	50	Renewing
15	Renewing	33	Initiating	51	Adapting
16	Initiating	34	Initiating	52	Renewing
17	Adapting	35	Adapting	53	Initiating
18	Renewing	36	Adapting	54	Adapting

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