

# PHARM 2 PHARM

## Medication Management Update

Complete all yellow highlighted areas in template

enter **last name**,

I am pleased to be providing medication management support services to your patient, Click here to enter **patient** am writing to update you.

Use this table to list strong recommendations (see examples below); Add/delete rows if needed; Delete this table if no strong recommendations

**Medication List:** Check appropriate box; attach updated med list if second box is checked and OTC medications as well as any herbals or supplements taken. Please note the following:

- There are **no changes** to the patient's medications since the previous list you received
- Please see the attached **updated reconciled medication list**

**Priority Medication Issues:** *I strongly recommend the following medication changes:*

RECOMMENDED CHANGE	REASON / DRUG THERAPY PROBLEM	EVIDENCE SUPPORTING RECOMMENDATION
(e.g., "increase X dose to Y")	(e.g., "current dose of X is ineffective in achieving BP goal of 150/90")	(e.g., "current JNC 8 guidelines recommend increasing dose of X up to Y until BP goal is achieved")
(e.g., "add Z med")	(e.g., "patient has Y condition, currently untreated")	(e.g., "current guideline xyz shows Z is indicated for this condition")
(e.g., "change A to B")	(e.g., "safety risk due to toxicity")	(e.g., "Beers criteria lists A as inappropriate in the elderly and supports B as a significantly safer alternative")
(e.g., "change C to D")	(e.g., "dose simplification to address adherence problem")	(e.g., "patient reports missing 3 doses due to 4x daily regimen of C")

**Medication issues to consider:** I also recommend that you consider the following:

1. (e.g., "closely monitor BP; if increased dose of X does not achieve clinical goal, consider adding W")
2. (e.g., "ensure patient compliance with INR labs")
3. (e.g., "reinforce use of pill box")
4. Etc...

List "for consideration" recommendations here (see examples); Delete this section if no such recommendations

**Key issues reviewed with the patient:** I have focused on the following issues in my discussions with the patient:

1. (e.g., "use of pill box and setting alarms on cell phone to help improve adherence")
2. (e.g., "diet and exercise guidelines to improve diabetes management")
3. (e.g., "approaches to reduce fall risk")
4. Etc...

List key issues you are working on with the patient here; Delete this section if not applicable

As always, I make every effort to ensure that my communications are useful and relevant. I realize that I may not have all pertinent patient information at my disposal; therefore some recommendations are limited in scope but are forwarded for consideration.

If you have any questions or concerns, please feel free to contact me.

Mahalo,  
 Click here to enter **CCP name**, R.Ph.  
 Community Consulting Pharmacist, Click here to enter **pharmacy name**.  
 808-Click here to enter **CCP phone #**, Click here to enter **CCP HHIE s**

**NOTE: Customization based on physician preference**  
 If a physician requests that you customize this template for him/her, please do so AND send the customized template to [p2p@hawaii.edu](mailto:p2p@hawaii.edu) so that changes can be considered project-wide and so that the template can be distributed to other CCPs who are working with that physician.