Pharmaceutical Opinion

Clinical Documentation Report

Ontario Pharmacists' Association

1. Patient Information

Surname: SMITH	Given Name: JAMES	F ☐ M ☒
D.o.B.: 29 / 02 / 1930	OHIP#: 1234567890	Version Code: AB
Address: 123 MAIN STREET		
City: ANYTOWN	Postal Code: K1B2R5	Telephone: 000-987-6543
Other Relevant Information: EMAIL j.smith@gmail.com		

2. Prescriber Information

Name: DR. K. CHAN	ID Number: 12398
Office Telephone: 000-867-5309	Facsimile: 000-123-4567
Prescriber's One-Mail Email Address (if available from prescriber): KCHAN@XXXXX.COM	
Date/Time of Transmission to Prescriber: APRIL 1, 2011 AT 4PM	

3. Categorization of the Drug-Related Problem (DRP):

Pharmacist: Please check one of the following:

- ☐ **Therapeutic Duplication, drug may not be necessary**
- ☐ **Patient needs additional drug therapy**
- ☐ **Drug is not working as well as needed (sub-optimal response)**
- ☐ **Dose is too low**
- ☒ **Adverse drug reaction due to allergy or conflict with another medication or food**
- ☐ **Taking too much medication (accidentally or deliberately)**
- ☐ **Non-compliance (refusing drug or not taking it properly)**
- ☐ **Verifying prescription**

Pharmacist: Please provide commentary on DRP, where appropriate:

Mr. Smith has reported having a dry cough x 3 months with no relief. Patient has been on remipril 5mg for past 5 months. Suspect ramipril is the cause due to ACE inhibition.

Level of Urgency: ☐ LOW ☒ MED ☐ HIGH

4. Pharmacist's Recommendation on Current DRP:

Recommend cancelling the most recent Rx for ramipril 5mg and HCTZ 12.5mg and replacing both with the combination product candesartan/HCTZ 16mg/12.5mg once daily.
Also recommend a one-month trial with 2 additional repeats for a total of 3 month.

Pharmacist Name: Phil Andchat

5. Prescriber Review and Comments:

Prescriber Comments/Response:
PLEASE MAKE THE CHANGE AS PER YOUR RECOMMENDATION. INSTRUCT PATIENT TO MAKE AN APPOINTMENT WITH MY OFFICE IN ONE MONTH FOR BP RECHECK.

THANK YOU VERY MUCH FOR YOUR RECOMMENDATION.

Prescriber Signature: *K. Chan*

6. Pharmacist Action Plan & Discussion with Patient & Comments:

Refused to fill both the HCTZ and Ramipril Rx's and replaced with a combination product of Candesartan/HCTZ 16mg/12.5mg once daily. Informed patient that MD would like to see him in one month for recheck.
I reassured Mr. Smith that this will likely result in the disappearance of his cough and that I will check back with him in about 1 week for a follow up consultation.

☐ Check here if prescriber authorization is verbal

Pharmacist Signature: *Phil Andchat*

OCP #: 987654 Date of Transaction: April 1, 2011

7. Copy of Original Prescription:

Pharmacist to affix a copy of the original Rx or previously filled Rx label here. If transmitting electronically, please transcribe original prescription as originally issued by prescriber.

HCTZ 12.5mg po od x 3 months
Ramipril 5mg po od x 3 months

Pharmacy Use Only (Please check only one)

Outcome Cross Referenced Rx/Tx Number: 483948

- ☐ Rx not filled as prescribed (due to clinical issue or confirmed falsified Rx) – PIN 93899991
- ☐ No change to Rx; Rx filled as prescribed – PIN 93899992
- ☒ Change to Rx – PIN 93899993

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