

February 14, 2021

Case Number: DUR-DT: 730855341-1

STEVEN BAYER PA 2401 REO DR SAN DIEGO, CA 92139

RE: RICHARD KERNS DOB: 09-MAR-55

Dear STEVEN BAYER:

This confidential drug utilization review program provides educational information regarding your patient's drug therapy. Our goal is to facilitate optimal, safe, effective, and high quality drug therapy at lower costs.

## Reevaluating the Duration of Antidepressant Therapy

\*If your patient has multiple or severe episodes of depression, or is receiving chronic therapy for a terminal illness or condition other than major depression, please disregard this message.

Our records indicate your patient has received FLUOXETINE HCL for more than 11 months and may be a candidate for discontinuation of the antidepressant. Guidelines for the treatment of major depressive disorder\* suggest that after the patient has been treated in the acute phase and has completed the continuation phase of treatment, the antidepressant agent may be discontinued and/or tapered, unless the patient is a candidate for maintenance treatment or present circumstances place him/her at an increased risk for relapse. If it is medically appropriate to stop therapy, the patient should be monitored closely for several months for a relapse of depressive symptoms.<sup>1</sup>

After evaluating the overall treatment goals for your patient and if medically appropriate, please consider:

•Discontinuing and/or tapering the antidepressant over several weeks (with appropriate monitoring).

If a dispensing pharmacist contacted you regarding this information, please consider this a follow up to that discussion.

## We are not the filling pharmacy. If necessary, please provide your patient with a new prescription.

The identified medications may have been prescribed by multiple health care providers. In this situation, we have attempted to notify all prescribers involved. We recognize that patient variables, unavailable to us, may make the current therapy appropriate for this individual. You are best qualified to balance quality and cost of care when treating your patients. If you choose to reply, please respond via fax at 1-866-881-6840 on the enclosed response form or call us at 1-866-881-6830. We are available Monday through Friday, 8 a.m. to 4 p.m., ET. Thank you for your consideration.

Sincerely, Clinical Services CVS Caremark

## Enclosure

1 American Psychiatric Association. Practice Guidelines for the Treatment of Patients with Major Depressive Disorder 3rd ed. Arlington, VA: American Psychiatric Association, 2010. https://psychiatryouline.org/pb/assets/raw/sitewide/practice\_guidelines/guidelines/mdd.pdf. Accessed June 9, 2020.

CONFIDENTIALITY NOTICE: This communication and any attachments may contain confidential and/or privileged information for the use of the designated recipients named above. If you are not the intended recipient, you are hereby notified that you have received this communication in error and that any review, disclosure, dissemination, distribution, retention or copying of it or its contents is prohibited. If you have received this communication in error, please notify us by telephone at 1-866-881-6830 and immediately securely destroy all copies of this communication and any attachments. Whether or not you notify the sender of the error, you agree not to use or disclose the information for any purpose or to compromise its confidentiality.



## **Prescriber Response Form**

or each section, please select one or more responses that best describes this case.  It is ecause your feedback helps us improve our programs, we thank you for your time and consideration.  I. Please select from the following:  Patient is under my care.  Patient is under my care. However, none of the medications in question were prescribed by the patient is no longer under my care.  Patient was seen by a provider no longer at this practice, but continues to be a patient.  Patient has never been under my care nor seen at this practice.  Provider was never at this location/fax number.  2. After evaluating the case, I plan to:  Review current medications with my patient including those prescribed by other providers.  Discontinue medication(s) in question. Please specify in COMMENTS box below.  Modify drug therapy (for example, reduce a medication dose or quantity).  Continue current therapy with close monitoring. This regimen is appropriate for my patient.  3. I find the information provided in the letter:  Useful  Not Useful		ame: RICHARD KERNS		i atient DO	<b>B:</b> 03/09/1955
<ul> <li>Patient is under my care.</li> <li>Patient is under my care. However, none of the medications in question were prescribed by recommendation.</li> <li>Patient is no longer under my care.</li> <li>Patient was seen by a provider no longer at this practice, but continues to be a patient.</li> <li>Patient has never been under my care nor seen at this practice.</li> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to: <ul> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> </ul> </li> <li>3. I find the information provided in the letter:</li> </ul>		-	-		
<ul> <li>Patient is under my care. However, none of the medications in question were prescribed by recommendation.</li> <li>Patient is no longer under my care.</li> <li>Patient was seen by a provider no longer at this practice, but continues to be a patient.</li> <li>Patient has never been under my care nor seen at this practice.</li> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to: <ul> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> </ul> </li> <li>3. I find the information provided in the letter:</li> </ul>	1. Pleas	e select from the following:		Note: Please fill	in circle(s) as shown
<ul> <li>Patient is no longer under my care.</li> <li>Patient was seen by a provider no longer at this practice, but continues to be a patient.</li> <li>Patient has never been under my care nor seen at this practice.</li> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to: <ul> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> </ul> </li> <li>3. I find the information provided in the letter:</li> </ul>	0	Patient is under my care.			
<ul> <li>Patient was seen by a provider no longer at this practice, but continues to be a patient.</li> <li>Patient has never been under my care nor seen at this practice.</li> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to:</li> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> <li>3. I find the information provided in the letter:</li> </ul>	0	Patient is under my care. H	lowever, none of	the medications in que	stion were prescribed by n
<ul> <li>Patient has never been under my care nor seen at this practice.</li> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to:</li> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> <li>3. I find the information provided in the letter:</li> </ul>	0	Patient is no longer under n	ny care.		
<ul> <li>Provider was never at this location/fax number.</li> <li>2. After evaluating the case, I plan to: <ul> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> </ul> </li> <li>3. I find the information provided in the letter:</li> </ul>	0	Patient was seen by a provider no longer at this practice, but continues to be a patient.			
<ul> <li>2. After evaluating the case, I plan to:</li> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> <li>3. I find the information provided in the letter:</li> </ul>	0	Patient has never been under	er my care nor se	en at this practice.	
<ul> <li>Review current medications with my patient including those prescribed by other providers.</li> <li>Discontinue medication(s) in question. Please specify in COMMENTS box below.</li> <li>Modify drug therapy (for example, reduce a medication dose or quantity).</li> <li>Continue current therapy with close monitoring. This regimen is appropriate for my patient.</li> <li>3. I find the information provided in the letter:</li> </ul>	0	Provider was never at this le	ocation/fax numb	per.	
	0		and the same of th	-	•
	0	Useful (	the letter:  Neutral	O Not Use	ful
COMMENTS:	0	Useful (	_	O Not Use	ful
COMMENTS:	0	Useful (	_	O Not Use	ful
COMMENTS:	0	Useful (	_	O Not Use	ful

Please Fax This Page Only To: 1-866-881-6840

The fax machine is secured in accordance with applicable law.

