

MEDICATION THERAPY RECOMMENDATION

PATIENT

Yhed** Rgne******

DOB: 02/01/1936 | PHONE: 515-555-5555
ADDRESS: 505 Market St., Suite 200, West Des Moines, IA,
55555

CREATED ON 10/29/2019 BY:

OUTCOMES TRAINING PHARMACY

ON BEHALF OF: Outcomes Sample Policy 1
PHONE: 877-237-0050 X555 | FAX: 515-555-4321
ADDRESS: 505 MARKET STREET, SUITE 200, WEST DES MOINES,
IA, 50266-3861

Dear Jane Doe:

I recently reviewed the medications of Mr. RGNE****. If appropriate, please approve the following recommendations.

RECOMMENDATION MADE BY: Barry Green, Pharmacist

ALLERGIES & SIDE EFFECTS: atorvastatin (Headache), atorvastatin (Rash or Redness), atorvastatin (muscle cramps), cefdinir (rash, nausea), Penicillins (rash)

➤ 1 Based on our prescription records, your patient appears to have cardiovascular disease and is taking , a low-intensity statin therapy. Please consider replacing the low-intensity statin therapy with one of the following:

- Atorvastatin 40 mg once daily
- Rosuvastatin 20 mg once daily
- Refuse recommendation
- Reason _____

Rationale:

- Current guidelines published by the American College of Cardiology and the American Heart Association (ACC/AHA) recommend the use of high-intensity statin therapy for patients 21-75 years of age with a diagnosis of ASCVD. If the patient has a contraindication or has experienced adverse effects, then moderate-intensity therapy should be used.

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➤ 2 ATORVASTATIN TAB 80MG - Patient had muscle ache which could be from the use of Atorvastatin tab 80mg, will talk to the Prescriber to switch to a different statin which will not cause muscle ache
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RESPONSE REQUESTED WITHIN 2 BUSINESS DAYS

- **Send NEW or CHANGED PRESCRIPTIONS to your patient's preferred pharmacy:**
OUTCOMES TRAINING PHARMACY | PHONE: (877)237-0050 X555 | FAX: (515)555-4321
- **Please fax this form to OUTCOMES TRAINING PHARMACY at (515)555-4321 with your response to each of the included recommendations.**