

# NEWFOUNDLAND AND LABRADOR PHARMACY BOARD

## Standards of Pharmacy Practice



### Medication Management By Community Pharmacists

Approved by the Newfoundland and Labrador Pharmacy Board October 23, 2009  
Amended April 9, 2010

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### 1) Introduction

In the *Pharmacy Act*, those eligible to prescribe in Newfoundland and Labrador are defined, through the definition of a “prescription”, as physicians, dentists, veterinarians, nurse practitioners and optometrists. In recent years, many other pharmacy organizations have pursued amendments to their legislation to either add pharmacists to the list of persons authorized as prescribers or have implemented other ways to handle this issue. At this time, the Newfoundland and Labrador Pharmacy Board has decided not to pursue a change to the definition of “prescriber” or to implement “pharmacist prescribing” as such. Instead, it has decided to pursue this issue in terms of “Medication Management”.

Medication Management is an umbrella term that encompasses a variety of professional activities, undertaken by the registered pharmacist, as the medication expert, to optimize safe and effective drug therapy outcomes for patients. Currently, Medication Management includes the following:

- Providing an Interim Supply
- Extending a Prescription (Continuation of Care)
- Adapting a Prescription
  - Change Dosage Form
  - Change Dosage Regimen
  - Change Quantity
  - Complete Missing Information
  - Make a Non-Formulary Generic Substitution

Pharmacists’ involvement in Medication Management will likely continue to expand as the needs of patients and the demands of the healthcare system continue to increase.

**All pharmacists in Newfoundland and Labrador are permitted, but not obligated, to practice Medication Management. However, as with all other professional activities, pharmacists are expected to practice within their area of competence.**

### 2) Limitations

There are several specific situations where it is not permitted for a pharmacist to apply the principles of Medication Management. Those situations include where the prescription:

- i) was originally written by a Dentist, Optometrist or Veterinarian;
- ii) is for a Narcotic, Controlled Drug or Targeted Substance, including benzodiazepines;

- iii) is for the pharmacist themselves;
- iv) is for a family member, or someone of a “close personal or emotional relationship”, unless there is no other pharmacist available in the community; or
- v) bears a specific indication otherwise (e.g.: “Do Not Renew” or “Do Not Adapt”).

There are also a number of specific situations where a pharmacist would not be considered to be practicing Medication Management. For a list of these situations, please see Appendix A.

### 3) Fundamental Requirements

**All pharmacists who wish to practice Medication Management must adhere to the Fundamental Requirements specified in these Standards.**

These are broken down into *Overall Requirements*, as detailed below, and *Individual Requirements* as identified within the specific sub-sections.

#### Overall Requirements

In order to practice Medication Management, the pharmacist **SHALL**:

- i) **Study the Standards of Pharmacy Practice IN DETAIL and sign the NLPB Declaration Form** included at the end of this document (Appendix B). This Form must then be sent to the Newfoundland and Labrador Pharmacy Board offices for retention in the pharmacist’s permanent file. Failure to comply with this requirement may be grounds for disciplinary action.
- ii) **Maintain Personal Professional Liability Insurance Coverage** in an amount equivalent to or greater than that stated in the Board’s *Policy on Professional Liability Insurance*.
- iii) **Obtain Informed Patient Consent.** Informed consent has two basic components:
  - o patients have a right to determine what happens to their bodies; and
  - o health professionals have an inherent duty to provide patients with enough information to make an informed decision

When obtaining patient consent, the pharmacist must inform the patient, or the patient’s representative, of the specific circumstances as well as any risks and benefits a reasonable patient would expect to be informed about. Pharmacists must also consider any other matters that may need to be discussed with the patient, depending on the circumstances. The pharmacist must also provide the patient with an opportunity to ask questions and receive answers.

Once informed consent is obtained, it must then be documented with the pharmacist’s initials in the appropriate section of the *Medication Management Documentation and Notification Form* (Appendix C).

- iv) Be sure they are **Practicing within their Area of Competence.** Pharmacists should not participate in any areas of Medication Management for any patient unless they have appropriate knowledge and understanding of the condition being treated and the drug being prescribed.
 

Pharmacists must rely on their own professional judgement when determining whether or not they have “appropriate knowledge and understanding” as each situation, like each patient, is unique.
- v) Have **Sufficient Information about the Patient and his or her Health Status** to be satisfied that providing Medication Management will maintain or enhance patient outcomes and will not put the patient at risk. This may include, but is not limited to, a review of

- the patient's profile on the local pharmacy practice management system as well as the Pharmacy Network patient profile (when available);
- information provided by the patient or the patient's representative; or
- additional information provided by other sources such as other health professionals or medical literature.

Again, pharmacists must rely on their own professional judgement when determining whether or not they have "sufficient information" as each situation, like each patient, is unique. In doing so, it may be helpful to consider the following questions:

- If someone asks why I made this decision, can I justify it?
  - Would another pharmacist make the same decision as I did, given the same circumstances?
  - Am I comfortable that the original prescriber (if applicable) would not object?
- vi) **Be Reasonably Satisfied that the Action is Appropriate** for the specific patient under the current circumstances. It should be in the best interests of the patient and not put the patient at increased risk. This requirement is dealt with more specifically in the individual sections that follow.
- vii) **Document All Instances of Medication Management.** This is critical both for record-keeping purposes (inspection, audit, etc) as well as for credibility. Documentation establishes accountability and responsibility for your professional activities.

Documentation should be accomplished in a way that creates an accurate and detailed record of the occurrence. The documentation must relate back to the original prescription and include details related to the pharmacist's assessment as well as any communication to the patient or anticipated follow-up. This is the primary tool used to communicate the pharmacist's rationale and use of professional judgement in making their decisions.

A template for a *Medication Management Documentation and Notification Form* is attached as Appendix C. The intention of this form is that, once completed, it can be easily faxed to the prescriber for notification purposes and then attached to and/or filed with the related prescription as part of the pharmacy records. Pharmacies may develop their own documentation and notification form if desired (with the company header instead of the NLPB header, for example) as long as a standard format is used and ALL of the information on the template is on the modified form.

- viii) **Notify the Prescriber, where applicable.** In most instances of Medication Management, the original prescriber or the patient's primary health provider MUST be notified. Based on feedback and input from prescriber stakeholder groups (ARNNL, CPSNL, NLMA), notification would be BEST ACCOMPLISHED by faxing the completed *Medication Management Documentation and Notification Form* to the relevant prescriber within the time limits outlined below.

If, through communication with particular prescribers, it is identified that another method of notification is preferred, this would be acceptable as long as a standard format is used and ALL of the information on the template is included in the notification. However, pharmacists are cautioned against relying on verbal communication for notification as this would lead to extra transcribing work on the receiver's end as well as potentially introducing a margin of error if the information is transcribed incorrectly.

#### 4) Medication Management

##### a) Providing an Interim Supply

**A pharmacist may provide a patient with a minimum amount of a previously prescribed medication.**

##### Individual Requirements:

- i) It is not necessary for the previous prescription for the medication to have been filled at the pharmacy providing the "interim supply" (e.g. patient from out of town who has run out of a chronic medication) as long as the pharmacist has acceptable evidence to support current ongoing drug therapy (e.g. a recent prescription vial, label or receipt that contains all necessary prescription information).
- ii) The interim supply should be for the minimum amount of drug required for the patient to visit the prescriber or their usual pharmacy, usually less than one full refill.
- iii) **Appropriateness**
  - o The pharmacist must be reasonably satisfied that:
    - o the medication is for a condition considered to be chronic or long term;
    - o the patient has an established stable, compliant history with the medication;
    - o the patient is unable to visit the prescriber or their usual pharmacy or for a prescription transfer to be obtained in a timely manner;
    - o there is an immediate need for the medication;
    - o the patient would not be better served by extending the prescription; and
    - o the original prescriber would not object to the interim supply.
- iv) **Documentation**
  - o The pharmacist must document the provision of the interim supply
    - o by reducing the details of the provision to writing (a computer-generated copy would also be acceptable);
    - o on the *Medication Management Documentation and Notification Form* (Appendix C); and
    - o on the patient medication profile by assigning a [new] prescription number with the pharmacist's name and registration number identifying him or her as the responsible practitioner.
- v) **Notification**
  - o The pharmacist must send notification of the provision to the prescriber of the previous prescription or the patient's primary care provider (whichever is most appropriate) of the interim supply WITHIN 72 HOURS of the provision.

b) Extending a Prescription (Continuation of Care)

A pharmacist may extend a patient's existing prescription by providing an additional refill.

**Individual Requirements:**

- i) The amount of medication provided should be determined by the pharmacist based on the circumstances of the particular patient but should not exceed the amount previously filled or 90 days whichever is less.
- ii) **Original Prescription**
  - o The previous prescription for the medication **MUST** have been filled at the pharmacy where the pharmacist is providing the extended prescription
- iii) **Appropriateness**
  - o The pharmacist must be reasonably satisfied that:
    - o the medication is for a condition considered to be chronic or long term;
    - o the patient has an established stable, compliant history with the medication;
    - o the patient is unable to visit the prescriber in a timely manner;
    - o the prescription had not been previously extended;
    - o there is a need for an amount of medication beyond an "Interim Supply"; and
    - o the prescriber would not object to the extended prescription.
- iv) **Documentation**
  - o The pharmacist must document the continuation
    - o by reducing the details of the continuation to writing (a computer-generated copy would also be acceptable);
    - o on the *Medication Management Documentation and Notification Form* (Appendix C); and
    - o on the patient medication profile by assigning a new prescription number with the pharmacist's name and registration number identifying him or her as the responsible practitioner.
- v) **Notification**
  - o The pharmacist must send notification of the continuation to the prescriber of the previous prescription or the patient's primary care provider (whichever is most appropriate) of the continuation within **ONE WEEK** of the continuation.

c) Adapting a Prescription

A pharmacist may make adaptations or changes to a prescription within several specific categories.

Individual Requirements:

i) **Appropriateness**

- The pharmacist must be reasonably satisfied that:
  - the adaptation is in the best interests of the patient and will not put the patient at increased risk, and
  - the prescriber would not object to the adaptation.

iii) **Documentation**

- If the adaptation is in relation to a "new" prescription, the pharmacist must document the adaptation:
  - on the prescription from the prescriber;
  - on the *Medication Management Documentation and Notification Form* (Appendix C); and
  - by making a notation on the patient medication profile.
- If the prescription being adapted was previously dispensed, the pharmacist must document the adaptation:
  - on the patient medication profile by assigning a new prescription number with the pharmacist's name and registration number identifying him or her as the responsible practitioner;
  - on the *Medication Management Documentation and Notification Form* (Appendix C); and
  - by making a notation on the patient medication profile.

iv) **Notification**

- The pharmacist must send notification of the adaptation to the prescriber of the original prescription within ONE WEEK of the adaptation.

Categories of Adaptation:

i) **Change Dosage Form**

- A pharmacist may change the dosage form of the prescription (such as from tablets to capsules or from capsules to liquid) in situations where:
  - doing so will facilitate patient adherence to the medication regimen;
  - doing so will facilitate reimbursement by the patient's third party drug benefit plan; or
  - the prescribed dosage form is not commercially available (e.g. 50mg written but medication is only available as 52.5mg).

ii) **Change Dosage Regimen**

- A pharmacist may change the dosage regimen of the prescription (such as from one tablet twice a day to two tablets once a day or ½ 40mg tablet instead of one 20mg tablet) in situations where:
  - doing so will facilitate patient adherence to the medication regimen; or
  - doing so will facilitate reimbursement by the patient's third party drug benefit plan.
- iii) **Change Quantity**
  - A pharmacist may change the quantity of medication prescribed as long as doing so will not result in the patient receiving drug therapy for longer than the prescriber intended.
  - Appropriate situations include:
    - to facilitate patient adherence to the medication regimen;
    - to facilitate reimbursement by the patient's third party drug benefit plan;
    - to facilitate a change related to the above Change Dosage Form (e.g. 30 capsules vs. 150mL liquid) or Change Dosage Regimen; or
    - where the prescribed quantity/pack size is not commercially available (e.g. 30-day supply available as 28-day compliance package).
- iv) **Complete Missing Information**
  - A pharmacist may complete missing information on a prescription if there is historical evidence to support it. (e.g. on a long-standing prescription for Fosamax 70mg, once a week, the 70mg was omitted)
- v) **Make a Non-Formulary Generic Substitution**
  - A pharmacist may substitute a prescribed Brand Name product with an equivalent commercially available generic product that is not listed on the *Newfoundland and Labrador Interchangeable Drug Product Formulary* (NIDPF) as long as there is not another available equivalent generic product currently listed on the NIDPF for this Brand Name product.
  - Appropriate situations include:
    - when the Brand Name product is not currently available (e.g. discontinued, back ordered, etc.); or
    - to facilitate patient adherence to the medication regimen (e.g. the patient requests a less expensive alternative)

**NOTE:** *In this case, pharmacists must be aware that there may be additional liability associated with substituting products that have not been deemed "interchangeable" according to the NLIDPF criteria.*

*As such, in addition to the required documentation above, the pharmacist must also document the substitution on the patient medication profile using the pharmacist's name and registration number identifying him or her as the responsible practitioner.*

**APPENDIX A**  
**Medication Management**  
**Exclusions**

*“When you are NOT practicing Medication Management”*

**1) When You Call the Original Prescriber to Make a Change**

When you identify a drug-related problem during the process of filling a prescription or discussing medication needs with a patient, you may choose to do what you have always done and contact the prescriber to discuss your concerns about the prescription. If, as a result of that conversation, the original prescriber directs you to make a change to the prescription, you may make the change and sign or initial it as you always have. In this case you are not adapting the prescription.

In fact, in any circumstance where you obtain prior authorization from the prescriber to make a change, provide a substitution or refill a prescription you are not participating in Medication Management.

**2) When You Dispense an Interchangeable Drug Product**

Dispensing an interchangeable drug product as listed in the *Newfoundland and Labrador Interchangeable Drug Products Formulary*, is not adapting a prescription. This practice is addressed in the provincial statute, the *Pharmaceutical Services Act* and its accompanying regulations, the *Interchangeable Drug Products Formulary Regulations*.

**3) When an Approved Protocol Exists**

If you practice in an environment where a specific regional health authority- or Board-approved protocol exists and applies in that situation, you may be required to make changes to the prescription. In these circumstances, where you are simply applying the policy or treatment protocol (e.g. automatic substitution), and you are not using your professional judgment, you are not participating in Medication Management.

## APPENDIX B



# Newfoundland & Labrador Pharmacy Board

Apothecary Hall [www.nljb.ca](http://www.nljb.ca)  
488 Water Street  
St. John's, NL A1E 1B3

Telephone (709) 753-5877 or 1-877-453-5877 (toll free)  
Fax (709) 753-8615  
e-mail [inforx@nljb.ca](mailto:inforx@nljb.ca)

## Medication Management Declaration Form

### DECLARATION OF COMPLETION AND UNDERSTANDING

I,

\_\_\_\_\_

Please Print Full Name

\_\_\_\_\_

Registration Number

a registered pharmacist with the Newfoundland and Labrador Pharmacy Board, declare that:

- I have thoroughly read and understand the *Standards of Pharmacy Practice for Medication Management by Pharmacists*;
- While I understand it is not mandatory to participate in Medication Management as described in these Standards of Pharmacy Practice, should I choose to do so, I will adhere to all of the stated Fundamental Requirements;
- I will maintain Personal Professional Liability Insurance Coverage in an amount equivalent to or greater than that stated in the Board's *Policy on Professional Liability Insurance*.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

**Note:** Once completed, a copy of this Declaration Form **MUST** be sent to the Newfoundland and Labrador Pharmacy Board offices for retention in the pharmacist's permanent file. Failure to comply with this requirement may be grounds for disciplinary action. Pharmacists may also wish to keep a copy of the form in their Learning Portfolio for future reference.



## APPENDIX C

# Newfoundland & Labrador Pharmacy Board

### Medication Management Documentation and Notification Form

**Patient****Information:**

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

MCP # \_\_\_\_\_

**Medication  
Management  
Details:****Category of Medication Management:**

- Interim Supply  
 Prescription Extension  
 Prescription Adaptation

**Previous Prescription Information:**

Number: \_\_\_\_\_

Date: \_\_\_\_\_

*Copy of  
New Label*

**Rationale and Description** (additional pages may be added, if necessary):

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**Follow-up Plan:**

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**Documentation  
of Informed  
Consent:**

The patient and/or their representative (Name: \_\_\_\_\_ )  
was provided sufficient information, including the specific details of the  
Medication Management as well as any risks and/or benefits and voluntarily  
provided their consent.

**Pharmacist's Initials****Pharmacist  
Information:**

Name \_\_\_\_\_

Registration # \_\_\_\_\_

Pharmacy Phone # \_\_\_\_\_

Pharmacy Fax # \_\_\_\_\_

Pharmacist Signature \_\_\_\_\_

**Notification  
Information:**

Name of Prescriber Notified \_\_\_\_\_

Phone # \_\_\_\_\_

Fax # \_\_\_\_\_

Method of Notification:  Fax  Other: \_\_\_\_\_

Date Sent: \_\_\_\_\_

## APPENDIX D

### Medication Management Practical Examples

**Example #1:** A new patient presents at the pharmacy with an empty vial for Lipitor 10md od. It had previously been filled for 3 months at another pharmacy and has no refills remaining according to the label. According to the patient he has been taking the same dose for 3 years and has regular blood work and visits with his physician. In fact, he has an appointment in 2 days but has run out of medication in the meantime.

### Medication Management Documentation and Notification Form

**Patient Information:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ MCP # \_\_\_\_\_

**Pharmacist Information:** Name \_\_\_\_\_ Signature \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**Medication Management Details:** **Category of Medication Management:**

Interim Supply  
 Prescription Extension  
 Prescription Adaptation

Copy of  
New Label

**Previous Prescription Information:**  
**Number:** 2223333  
**Date:** October 14, 2009

**Rationale and Description** (additional pages may be added, if necessary):  
Patient presented with empty vial for Lipitor 10mg OD. It had been  
previously filled at Pharmacy X but had no refills. Additionally, the  
patient presented at a time when Pharmacy X was closed.  
Patient confirmed that the medication was long-standing and that he  
had an appointment in 2 days. A 2-day supply of the drug was provided.

**Follow-up Plan:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Documentation of Informed Consent:** The patient and/or their representative (name: \_\_\_\_\_) was provided sufficient information, including the specific details of the Medication Management as well as any risks and/or benefits and voluntarily provided their consent.

Pharmacist's Initials  
CC

**Notification Information:** Name of Prescriber Notified \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_  
 Method of Notification:  Fax  Other: \_\_\_\_\_ Date \_\_\_\_\_ Sent: \_\_\_\_\_

## APPENDIX D

**Example #2:** A long standing patient of your pharmacy takes a thyroid supplement every day. She comes to the pharmacy and requests a renewal of her prescription. You notice in your records that 3 months ago she received the same prescription but no refills were authorized. You review her patient profile and determine she has been on the same dose of the same medication for 2 years. You have a discussion with the patient and determine the following:

- She confirms that her TSH levels are being regularly monitored.
- She confirms that she sees her physician every 6 months and that she is due for her follow-up in 3 months.

<b>Medication Management Documentation and Notification Form</b>			
<b>Patient Information:</b>	Name	Date of Birth	MCP #
<b>Pharmacist Information:</b>	Name	Signature	
	Phone #	Fax #	
<b>Medication Management Details:</b>	<b>Category of Medication Management:</b>		<i>Copy of New Label</i>
	<input type="checkbox"/> Interim Supply		
<input checked="" type="checkbox"/> Prescription Extension			
<input type="checkbox"/> Prescription Adaptation			
	<b>Previous Prescription Information:</b>		
	Number:	<u>6060606</u>	
	Date:	<u>September 6, 2009</u>	
	<b>Rationale and Description</b> (additional pages may be added, if necessary):		
	<u>Patient profile indicates she has been on Synthroid 100mcg od for 2 years</u>		
	<u>Patient confirmed TSH is regularly monitored and that she has follow-up</u>		
	<u>with physician every 6 months and is seeing doctor in 3 months</u>		
	<u>Most recent original prescription was 3 months ago</u>		
	<b>Follow-up Plan:</b> <u>Patient to return for follow-up with physician in 3 months as scheduled</u>		
<b>Documentation of Informed Consent:</b>	The patient and/or their representative (name: _____) was provided sufficient information, including the specific details of the Medication Management as well as any risks and/or benefits and voluntarily provided their consent.		<b>Pharmacist's Initials</b>
			<b>AA</b>
<b>Notification Information:</b>	Name of Prescriber Notified	Phone #	Fax #
	Method of Notification: <input type="checkbox"/> Fax <input type="checkbox"/> Other: Date	Sent:	

## APPENDIX D

**Example #3:** You receive a new prescription for a 12 year old child. The prescriber has specified a liquid formulation but the child's mother advises that she prefers tablets.

<b>Medication Management Documentation and Notification Form</b>			
<b>Patient Information:</b>	Name	Date of Birth	MCP #
<b>Pharmacist Information:</b>	Name	Signature	
	Phone #	Fax #	
<b>Medication Management Details:</b>	<b>Category of Medication Management:</b>	<i>Copy of New Label</i>	
	<input type="checkbox"/> Interim Supply		
<input type="checkbox"/> Prescription Extension			
	<input checked="" type="checkbox"/> Prescription Adaptation		
	<b>Previous Prescription Information:</b>		
	Number: <u>N.A.</u>		
	Date: <u>N.A.</u>		
	<b>Rationale and Description</b> (additional pages may be added, if necessary):		
	<u>Patient's mother presented with prescription for Biaxin suspension</u>		
	<u>250mg/5ml - 1 tsp BID for 10 days. Based on previous intolerance with</u>		
	<u>suspension and success with other solid dosage forms, mother requested</u>		
	<u>prescription be changed to tablet formulation.</u>		
	<u>Biaxin 250mg tablets - 1 tablet BID for 10 days was substituted.</u>		
	<b>Follow-up Plan:</b> <u>Mother to monitor child for improvement within 3-5 days.</u>		
	<u>If no improvement is noted or if symptoms worsen, return to physician.</u>		
<b>Documentation of Informed Consent:</b>	The patient and/or their representative (name: _____) was provided sufficient information, including the specific details of the Medication Management as well as any risks and/or benefits and voluntarily provided their consent.	<b>Pharmacist's Initials</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">BB</div>	
<b>Notification Information:</b>	Name of Prescriber Notified	Phone #	Fax #
	Method of Notification: <input type="checkbox"/> Fax <input type="checkbox"/> Other: _____	Date	Sent:

## APPENDIX D

**Example #4:** A patient returns to the pharmacy with the bottle of sulfamethoxazole/trimethoprim double strength tablets you dispensed to him 3 days ago. He says they are just too large and that he has had to crack the tablets in half in order to swallow them. He wonders if there is any other alternative.

<b>Medication Management Documentation and Notification Form</b>			
<b>Patient Information:</b>	Name	Date of Birth	MCP #
<b>Pharmacist Information:</b>	Name	Signature	
	Phone #	Fax #	
<b>Medication Management Details:</b>	<b>Category of Medication Management:</b>	<i>Copy of New Label</i>	
	<input type="checkbox"/> Interim Supply		
	<input type="checkbox"/> Prescription Extension		
	<input checked="" type="checkbox"/> Prescription Adaptation		
	<b>Previous Prescription Information:</b>		
	Number: <u>333221</u>		
	Date: <u>Oct 10, 2009</u>		
	<b>Rationale and Description</b> (additional pages may be added, if necessary):		
	<u>Patient had previous prescription filled for sulfamethoxazole/trimethoprim double strength tablets - ONE BID. After unsuccessfully trying to take the tablets for 3 days, he returned to the pharmacy and regular strength tabs TWO BID was substituted.</u>		
	<b>Follow-up Plan:</b> <u>Patient to return to or call pharmacy if any further problem with tablets.</u>		
<b>Documentation of Informed Consent:</b>	The patient and/or their representative (name: _____) was provided sufficient information, including the specific details of the Medication Management as well as any risks and/or benefits and voluntarily provided their consent.		<b>Pharmacist's Initials</b> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">SS</div>
<b>Notification Information:</b>	Name of Prescriber Notified	Phone #	Fax #
	Method of Notification: <input type="checkbox"/> Fax <input type="checkbox"/> Other: _____	Date	Sent: