

Pharmaceutical Opinion Program Documentation Tool

Patient Information		Pharmacist Information	
Name:	<input type="checkbox"/> M <input type="checkbox"/> F	Name:	OCP #:
Birth date:	OHIP #:		
Address:		Contact #:	
City:	Postal Code:	Fax #:	
Telephone:		Date:	

Category of Drug-Related Problem (DRP): Adverse drug reaction due to allergy or conflict with another medication or food		
Select ONE of the following Drug-Drug Interaction Pairs		Potential Outcome
<input type="checkbox"/> Glyburide	Trimethoprim-sulfamethoxazole (TMP-SMX)	Hypoglycemia
<input type="checkbox"/> Digoxin	Azithromycin or Clarithromycin or Erythromycin	Digoxin toxicity
<input type="checkbox"/> ACEIs	TMP-SMX	Hyperkalemia
<input type="checkbox"/> Warfarin	TMP-SMX	Hemorrhagic complications
<input type="checkbox"/> Warfarin	Ciprofloxacin	Hemorrhagic complications
<input type="checkbox"/> Calcium Channel Blockers (CCBs)	Clarithromycin or Erythromycin	Hypotension
<input type="checkbox"/> Phenytoin	TMP-SMX	Phenytoin toxicity
<input type="checkbox"/> Spironolactone	TMP-SMX	Hyperkalemia
<input type="checkbox"/> Spironolactone	Nitrofurantoin	Hyperkalemia
<input type="checkbox"/> ARBs	TMP-SMX	Hyperkalemia
<input type="checkbox"/> Other:		

Pharmacist's Recommendation on Current DRP:	Prescriber Review and Comments								
<table border="1"> <thead> <tr> <th colspan="2">Pharmacy Use Only (Please check one outcome)</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Rx not filled as prescribed</td> <td>PIN 93899991</td> </tr> <tr> <td><input type="checkbox"/> No Change to Rx; Rx filled as prescribed</td> <td>PIN 93899992</td> </tr> <tr> <td><input type="checkbox"/> Change Drug, Dose, or Regimen</td> <td>PIN 93899993</td> </tr> </tbody> </table>	Pharmacy Use Only (Please check one outcome)		<input type="checkbox"/> Rx not filled as prescribed	PIN 93899991	<input type="checkbox"/> No Change to Rx; Rx filled as prescribed	PIN 93899992	<input type="checkbox"/> Change Drug, Dose, or Regimen	PIN 93899993	
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<input type="checkbox"/> No Change to Rx; Rx filled as prescribed	PIN 93899992								
<input type="checkbox"/> Change Drug, Dose, or Regimen	PIN 93899993								
Pharmacist Action Plan & Discussion with Patient & Comments:									

Note: Pharmacist, please attach a copy of the original Rx as a second page for auditing purposes and/or for the prescriber's reference.

Prescriber Information		Prescriber signature
Name:	Prescriber ID #:	
Office #:		Pharmacist signature
Fax #:		<input type="checkbox"/> Check here if prescriber authorization is verbal Date of transaction:

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Place Copy of Prescription Here