

# Auburn University

## Harrison School of Pharmacy

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November 28, 2004

██████████  
██████████  
Opelika, AL 36801

Dear ██████████

I am writing to you concerning a mutual patient, ██████████ (DOB 10/31/25). ██████████ has been participating in a Community Healthcare Clinic that is operated jointly by ██████████ MS, CRNP and myself in cooperation with the Auburn Housing Authority. We have been monitoring ██████████ blood pressure and blood glucose on a weekly basis and performed a fasting lipid panel on 10/1/04. She has indicated that her last PCP appointment was approximately 18 months ago and has an upcoming appointment with you on 12/1/04. Our records indicate that ██████████ has several areas of concern, and we would like to share the information that we have obtained over the last few months as it may provide insight into her current health status.

### Hypertension:

BP significantly elevated at initial visit. Pt had not filled clonidine prescription since 2/04. Contacted your office by phone 10/1/04 and clonidine 0.2mg BID and chlorthalidone called into K-Mart pharmacy. Pt picked up clonidine only and pharmacy records indicate she has not filled chlorthalidone in approximately two years. Pt denies headache, vision changes, diaphoresis, or extremity numbness. Pt does report feeling more fatigued lately.

Date	SBP/DBP
10/1/04	230/110 210/100 182/90
10/8/04	198/98
10/15/04	138/80
10/22/04	160/82
10/29/04	170/80
11/5/04	162/84
11/12/04	134/74
11/19/04	172/78

A/

Pt has been compliant with clonidine since our initial visit to clinic. BP readings obtained indicate that pt is in Stage II uncontrolled HTN for approximately 75% of our readings (goal < 130/80). She reports full compliance with clonidine and a review of her medication bottles supports her statement. Pt is diabetic and would benefit from addition of an ACEI to her regimen.

P/

- 1) **Consider adding quinapril/ HCTZ 10mg/12.5mg to current regimen (covered by Pfizer patient assistance program). Combination product would provide morbidity and mortality benefits of ACEI therapy as well as thiazide diuretic as previously prescribed and improve patient compliance.**
- 2) Continue monitoring BP weekly.
- 3) Continue patient education on limiting sodium intake in diet to < 2 grams daily.

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### CVA Secondary Prevention:

A/

Pt reports history of stroke but unable to identify if hemorrhagic or ischemic in nature. Reports prophylactic seizure treatment x 6-12 months.

P/

- 1) **If patient has had ischemic CVA in past, consider initiation of secondary prophylaxis of ASA 325mg PO once daily.**

### Diabetes Mellitus:

Current medication regimen includes Humulin N insulin 40 units QAM and 15 units QPM. Pt has not had diabetes supplies (strips and lancets) x 6 mo due to cost. BG checked approximately once weekly at 9:00 am at clinic. Provided loaner meter to pt for 5 days of readings with instructions to take BG prior to each meal and at bedtime. Pt had trouble with first few days of readings. Have discussed ADA diet with patient and impact of carbohydrate intake on blood glucose. Have obtained information on programs that will file Medicare benefits and deliver supplies to pt's home. Unable to complete enrollment as pt has not seen PCP in last 6 months. Currently has Eli Lilly patient assistance program and pays \$12 per vial of insulin.

Date	Time	Reading	Notes
10/1/04	0900	233	Random
10/8/04	0900	168	Random
10/15/04	0900	83	AM Fasting
10/22/04	0900	226	Random
10/29/04	0900	287	Random
11/5/04	0900	230	Random
11/12/04	0900	170	Random
11/19/04	0900	195	Random
11/19/04	0625	207	AM Fasting
11/21/04	1420	63	Prior to lunch
11/21/04	2000	224	Bedtime
11/22/04	0810	176	AM Fasting
11/22/04	1340	131	Prior to lunch
11/22/04	1750	126	Prior to dinner

A/

BG random levels range from 63-287 (average 187) and consistently above random goal of <140. Three fasting levels variable (83, 176, 207). Last HgbA1c unknown. Current readings indicate patient may require improved control from dinner through breakfast but unable to make an exact recommendation until further readings obtained. Renal function unknown.

P/

- 1) Will provide additional strips and lancets for pt to continue with QID BG testing in order to fully assess response to insulin.
- 2) Will complete enrollment paperwork for patient to have supplies delivered to home and processed through Medicare.
- 3) **Please provide written prescription with diagnosis code for supplies and indicate number of times per day you desire pt to monitor BG (required for Medicare program).**
- 4) **Consider obtaining HgbA1c to further assess BG control as well as complete metabolic profile to assess electrolyte balance, renal, and hepatic function.**
- 5) Consider obtaining urine Microalbumin for baseline measurement.

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### Hyperlipidemia:

Cholesterol Panel	Reading
TC (<200)	175
HDL (>50)	31
LDL (<100)	98
TG (<150)	231

A/

TC and LDL at goal. HDL below goal of >50 most likely due to limited physical activity. TG elevated and may also be reflective of uncontrolled BG. ADA recommends consideration of HMG-CoA Reductase Inhibitor therapy (statins) in any diabetic patient > 40 YOA and a TC > 135.

P/

- 1) Work with patient to improve diet and exercise habits that can increase HDL and decrease TG.
- 2) **Consider repeating fasting lipid profile following improved BG control.**
- 3) **Pt unable to afford statin therapy at this time but qualifies for Pfizer patient assistance program. Consider addition of Lipitor 10mg daily if clinically appropriate.**

### Medication Assistance:

Pt does not qualify for Medicaid medication assistance due to amount of social security income. Reviewed Medicare discount card programs and found U Share Medicare Discount Card Program to be the best for her needs. Pt qualifies for \$600.00 annual credit. Enrollment paperwork has been completed and submitted.

Please know that, like you, the health and well-being of our patients are foremost in our minds. If you agree with these recommendations, I would be happy to provide patient education on these agents and closely monitor for efficacy and safety. I hope that you find this information helpful. I will continue to keep you apprised of [REDACTED] progress and look forward to working with you in the future. Your time and consideration are greatly appreciated. If I can be of any assistance, please contact me by email at [REDACTED]  
Respectfully Submitted,

[REDACTED] Pharm.D.  
AL License  
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