1 Patient Information

1 PATIENT DETAILS

Name
Harold J. Whitmore

DOB
09/28/1959

Age / Sex
66 / Male

Pharmacy
CVS Pharmacy, Main St, Houston, TX | Ph: (713) 555-0182

Medication List Source
EMR reconciliation + pharmacy refill records + patient report 05/06/2026 + hospital discharge summary 02/19/2026

Date Updated
05/06/2026

Provider / Reviewer
Dr. Karen L. Foster, MD + RN Linda Chen, BSN, CCM

MRN / Patient ID
GP-2026-0291

PU Purpose of Medication List

2 REASON FOR REVIEW

This medication list is updated at Mr. Whitmore's 3-month post-NSTEMI follow-up (05/06/2026). Three new medications were initiated today: sertraline 50 mg (severe post-MI depression, PHQ-9 18), bupropion SR 150 mg (smoking cessation and adjunct antidepressant), and lisinopril dose increase from 10 to 20 mg (uncontrolled BP 148/88 and HFrEF GDMT uptitration). Full reconciliation performed to capture all changes since hospital discharge, identify adherence gaps, resolve discrepancies, and document high-risk medication safety considerations for this complex 13-medication post-MI regimen.

RX Current Prescription Medications

3 ACTIVE PRESCRIPTIONS

Medication / Dose / Route	Frequency	Indication	Prescriber	Adherence	Side Effects / Concerns
Aspirin 81 mg PO	Daily	Post-PCI DAPT -- antiplatelet, post-MI secondary prevention	Dr. Lin (Cardiology)	**100%** -- fully compliant; taking with food	Mild GI upset occasionally; no bleeding events. MUST continue until 02/2027 (minimum 12-month DAPT post-DES). NEVER stop without cardiology approval.
Ticagrelor 90 mg PO	BID	DAPT post-DES (LAD + RCA stents 02/14/2026) -- stent thrombosis prevention	Dr. Lin (Cardiology)	**90%** -- misses PM dose occasionally; pharmacy dispensing confirmed	Dyspnea side effect (common with ticagrelor, unrelated to cardiac disease -- explained). No bleeding. CRITICAL: missing DAPT doses risks acute stent thrombosis. Repeatedly counseled -- PM alarm added today.
Atorvastatin 80 mg PO	QHS	High-intensity statin -- post-MI secondary prevention; LDL goal less than 70 mg/dL	Dr. Lin (Cardiology)	**88%** -- good; occasional missed bedtime dose	Mild right thigh myalgia 2/10 -- not limiting. CK not checked; will order if worsening. LDL 82 mg/dL at last check -- not yet at goal less than 70. Recheck in 6 weeks.
Metoprolol succinate 100 mg PO	Daily	HFrEF GDMT (beta-blocker) + rate control + post-MI cardioprotection	Dr. Lin (Cardiology)	**92%** -- good adherence	Fatigue -- possibly beta-blocker-related vs HFrEF vs depression. HR 68 at today's visit -- appropriate. No bradycardia.
Lisinopril 20 mg PO **[DOSE INCREASED TODAY from 10 mg]**	Daily	HFrEF GDMT (ACEi) + hypertension (BP 148/88 uncontrolled today)	Dr. Foster (PCP) -- today	**88%** -- fair; misses morning doses intermittently	Mild dry cough 2/10 -- tolerating. No angioedema. K 4.4 today -- CHECK K and Cr in 1 week after dose increase (hyperkalemia risk: ACEi + spironolactone). Cr 1.2 baseline.
Spironolactone 25 mg PO	Daily	HFrEF GDMT (aldosterone antagonist) -- EF 35%	Dr. Lin (Cardiology)	**80%** -- fair; patient reports forgetting this one specifically	No gynecomastia. Hyperkalemia risk in combination with lisinopril. K 4.4 today -- monitor closely. Pillbox strategy reinforced.
Furosemide 20 mg PO	Daily	HFrEF symptomatic fluid management (bilateral ankle edema)	Dr. Lin (Cardiology) -- added 3 weeks ago	**82%** -- improving; urinary urgency was barrier; morning timing counseled today	Urinary urgency at workplace -- now taking at 6 AM before work. Electrolyte monitoring required (K, Na). Edema partially returning -- may need dose increase if no improvement.
Empagliflozin 10 mg PO	Daily	T2DM + HFrEF cardiovascular/renal protection (SGLT2i)	Dr. Lin + Dr. Foster	**90%** -- good	No genital mycotic infections. Mild polyuria. eGFR 62 -- appropriate for use. Provides additional diuretic effect -- may reduce future furosemide needs.

Medication / Dose / Route	Frequency	Indication	Prescriber	Adherence	Side Effects / Concerns
Metformin ER 500 mg PO **[FORMULATION CHANGED TODAY -- IR to ER]**	BID	T2DM -- blood glucose control; same dose as prior IR formulation	Dr. Foster (PCP)	**82%** -- fair; GI intolerance with IR	GI side effects (nausea/diarrhea) with IR formulation driving non-adherence -- ER formulation reduces GI effects. Must swallow whole, do NOT crush. eGFR 62 -- safe to continue. Same dose.
Insulin glargine 18 units SC	QHS	T2DM -- basal insulin; HbA1c 8.9%	Dr. Foster (PCP)	**88%** -- fair; skips when 'too tired'	Evening glucoses 180-220 mg/dL per log. Consistent QHS timing emphasized. Hypoglycemia precautions reviewed. Bedtime snack if glucose less than 120 before injection. Emergency glucagon at home confirmed.
Omeprazole 20 mg PO	Daily	GI gastroprotection -- DAPT-associated GI bleeding risk	Dr. Lin (Cardiology)	**90%** -- good	No GI bleeding. Note: No clinically significant interaction between omeprazole and ticagrelor (unlike clopidogrel). Continue.
Sertraline 50 mg PO **[NEW TODAY]**	Daily	Major depressive disorder -- post-MI depression; PHQ-9 18 (severe)	Dr. Foster (PCP) -- today	**New** -- initiated today	No current side effects. INTERACTION: sertraline + ticagrelor -- minor additive antiplatelet effect; monitor for unusual bleeding. SSRI first-line for post-MI depression (avoids TCA cardiotoxicity). Titrate to 100 mg in 2 weeks if tolerated.
Bupropion SR 150 mg PO **[NEW TODAY]**	Daily x7d, then BID	Smoking cessation (81 days tobacco-free, craving 6-7/10) + adjunct antidepressant	Dr. Foster (PCP) -- today	**New** -- initiated today	No seizure history -- safe. Take AM and noon (not PM -- insomnia possible). Monitor BP in 2 weeks (bupropion can mildly raise BP). No significant cardiac medication interactions.

OTC / Supplements / PRN

4 NON-PRESCRIPTION AND AS-NEEDED MEDICATIONS

OTC / Supplements

Acetaminophen 500 mg PRN headache 1-2x/week. Fish oil 1000 mg daily (self-initiated). Vitamin D 2000 IU daily. Magnesium oxide 400 mg daily (muscle cramps; appropriate given furosemide depletion risk). Multivitamin daily. Melatonin 5 mg PRN sleep 3x/week. NOTE: NSAIDS ABSOLUTELY CONTRAINDICATED -- ibuprofen and naproxen worsen bleeding risk on DAPT and cause fluid retention in HFrEF.

PRN Medications

Nitroglycerin 0.4 mg SL PRN chest pain -- supplied at discharge; not used since discharge (no chest pain). Supply confirmed present and not expired. Instructions reviewed: use for chest pain, call 911 if no relief after 5 min. Ondansetron 4 mg PO PRN nausea -- used 3-4x in first 2 weeks post-discharge; not used in 6 weeks. Supply remains.

Recent Medication Changes

5 CHANGES SINCE LAST REVIEW

5a RECENTLY STARTED TODAY

1. Sertraline 50 mg daily -- new. Post-MI MDD, PHQ-9 18. Titrate to 100 mg in 2 weeks. PHQ-9 follow-up in 4 weeks. 2. Bupropion SR 150 mg daily x7 days then BID -- new. Smoking cessation and adjunct antidepressant. Monitor BP in 2 weeks. 3. Metformin ER 500 mg BID (formulation change from IR, same dose). Reduces GI side effects; swallow whole. 4. Nicotine patch 21 mg OTC -- adjunct to bupropion for cessation (OTC recommendation, not prescription).

5b DOSE INCREASED TODAY

Lisinopril: 10 mg to 20 mg daily. Rationale: uncontrolled BP 148/88 + HFrEF GDMT goal (target-dose ACEi for HFrEF is 40 mg). K and Cr check in 1 week (05/13/2026).

5c RECENTLY DISCONTINUED

Docusate 100 mg daily -- patient self-discontinued (no constipation). Acceptable. Resume if bowel changes develop. No other formal discontinuations. Previous penicillin allergy entry: REMOVED from record -- confirmed erroneous with patient today.

Medication Allergies

6 KNOWN ALLERGIES

NKDA confirmed. Prior penicillin allergy notation removed -- patient reports taking amoxicillin without reaction; pharmacist verified and entry corrected in medical record. No food, latex, or contrast allergies. Tolerated IV contrast without reaction during cardiac catheterization 02/14/2026.

AD Adherence & Safety Review

7 ASSESSMENT & SAFETY

7a ADHERENCE

Overall adherence approximately 87% across all medications by refill records and patient report. HIGHEST RISK GAP: Ticagrelor PM doses missed -- re-educated today; PM phone alarm added. Secondary gaps: spironolactone (80%), furosemide (previously poor -- now resolved with morning strategy). Barriers: medication complexity (13 medications), depression-related fatigue reducing motivation, prior GI intolerance from metformin IR (resolved with ER), workplace bathroom access (resolved with morning diuretic timing). ADHERENCE AIDS: CVS compliance packaging requested. Seven-day AM/PM pillbox purchased at pharmacy today. Phone alarms for each medication time.

7b SAFETY REVIEW

CRITICAL: DAPT (aspirin + ticagrelor) -- NEVER stop without cardiology. No NSAIDs. HYPERKALEMIA RISK: lisinopril (now 20 mg) + spironolactone -- check K and Cr in 1 week (05/13). Current K 4.4. SERTRALINE + TICAGRELOR: additive antiplatelet effect -- monitor for unusual bruising or GI bleeding. BUPROPION: lowers seizure threshold (safe at standard doses; no seizure history). INSULIN GLARGINE: hypoglycemia -- consistent dosing and bedtime snack protocol reinforced. FUROSEMIDE + SPIRONOLACTONE: opposing potassium effects -- net K must be monitored. No drug-disease interactions beyond those actively managed.

MN Monitoring Requirements

8 LAB AND CLINICAL MONITORING

K and Cr
IN 1 WEEK (05/13/2026) -- after lisinopril uptitration. Then Q3 months on ACEi + aldosterone antagonist. Baseline Cr 1.2, eGFR 62, K 4.4.

Blood Pressure
TELEPHONE 05/20/2026 -- response to lisinopril 20 mg. Target less than 130/80. Home BP log requested BID.

HbA1c
Drawn TODAY -- pending. Recheck 08/2026. Fasting glucose log ongoing (average 168 mg/dL).

LDL
Recheck 06/17/2026 (6 weeks). Target less than 70 mg/dL post-MI. Currently 82 -- not at goal. Ezetimibe if not achieved.

PHQ-9 (depression)
In 4 WEEKS (06/03/2026) -- assess sertraline response. Suicidal ideation screening at each contact.

CK
Order if myalgia worsens beyond current 2/10. On atorvastatin 80 mg -- statin-related myopathy monitoring.

Liver function
Annual -- high-intensity statin (atorvastatin 80 mg). Last LFTs WNL.

ECG
At 6-month cardiology visit (08/2026). Today: NSR 68, Q waves inferior, no new changes.

RS Reconciliation Summary

9 SUMMARY

RECONCILIATION COMPLETE. Medication list reviewed against hospital discharge summary (02/19/2026), cardiology records (04/15/2026), pharmacy refill records, and patient/wife report at today's visit. Three new prescriptions added, one formulation changed, one dose uptitrated, one erroneous allergy removed, one self-discontinued medication acknowledged. Patient and wife verbalized understanding of all changes. Printed medication list provided in English. Electronic prescriptions sent to CVS Pharmacy at 11:45 AM today. Compliance packaging requested. CVS pharmacist briefed on DAPT critical adherence.

P Plan

10 NEXT STEPS

Continued unchanged
Aspirin 81 mg, ticagrelor 90 mg BID, atorvastatin 80 mg QHS, metoprolol 100 mg, spironolactone 25 mg, furosemide 20 mg, empagliflozin 10 mg, insulin glargine 18 units QHS, omeprazole 20 mg

New or changed
Lisinopril increased to 20 mg. Metformin IR to ER (same dose). Sertraline 50 mg new. Bupropion SR 150 mg new. Nicotine patch 21 mg OTC.

Labs ordered
K and Cr in 1 week (05/13). HbA1c today. LDL in 6 weeks (06/17).

Next review
Telephone check 05/20/2026 (RN Linda Chen). Clinic visit 06/10/2026 (Dr. Foster). Cardiology 06/15/2026 (Dr. Lin).

TIME DOCUMENTATION & BILLING

Total Time
48 minutes

E/M / Billing Code
99215 -- Established patient, high complexity

Counseling / Coordination Time
22 minutes

Basis for Billing
Medical Decision Making -- High Complexity (13 medications, 3 new Rx, high-risk DAPT + hyperkalemia monitoring)

Primary ICD-10 Code
Z87.891 -- Personal history of NSTEMI

Secondary ICD-10 Code(s)
I50.20 -- HFrEF; E11.9 -- T2DM; I10 -- HTN; F32.2 -- MDD severe; F17.210 -- Nicotine dependence, remission

PROVIDER / REVIEWER	CREDENTIALS	DATE	TIME
Karen L. Foster, MD	MD -- Internal Medicine | Board Certified (ABIM)	05/06/2026	11:45 AM