PHARMACIST DEPRESCRIBING PROGRAM

PHYSICIAN COMMUNICATION

FAX	
TO:	FROM: Pharmacist Name
FAX:	PAGES:
RE: Deprescribing PPI for: Patient Name	DATE:

Dear Dr.: Doctor Name

We met with Patient Name for a medication review and are writing regarding PPI deprescribing. According to the patient, they do not have a history of Barrett's esophagus or bleeding GI ulcer, chronic NSAID use, or severe esophagitis, which would warrant long-term use.

S/he has been taking Medication

for: Reason and Length of Time

Since long-term use does not seem necessary, and PPIs are associated with vitamin B12 deficiency, hypomagnesia, fractures, C. *difficile* infections, and community acquired pneumonia, I suggest (check the following that apply):

☐ Stop PPI Rationale:

☐ Decrease to a lower dose

☐ Stop daily use. Recommend daily use if symptoms return and stop when symptoms subside. Approximately 1/10 may have return of symptom. (i.e., the Stop and Use On Demand Method)

☐ Use non-drug approaches for heartburn: avoid meals 2-3 hours pre bed, elevate bed, weight loss if applicable, avoid dietary triggers

We will follow up at 4 and 12 weeks after dose reduction or cessation for heartburn, regurgitation, dyspepsia, and epigastric pain. If symptoms recur, we may suggest OTC antacids or contact you as needed.

If you have conflicting information regarding the patient's history or reason for taking this medication, or have any other questions or concerns, please contact me at Email or Phone Number

The PPI evidence-based deprescribing guideline is published here: **https://www.cfp.ca/content/63/5/354** and an algorithm outlining deprescribing recommendations, a whiteboard video with case examples available here: **https://deprescribing.org/resources/deprescribing-guidelines-algorithms/**.

Thank you,

Pharmacist Name, R.Ph