



Notification Letter for Physicians

Dear Dr. _____

We are communicating this letter to inform you that our mutual patient _____
DOB: _____ PHN: _____ has given us verbal and written
consent to participate in the **Mental Health Assessment and Prescribing by Alberta
Pharmacists (MAP-AP) study**.

The aim of this study is to evaluate the benefit of a community pharmacist monitoring and intervention program for patients who have a diagnosis of Major Depressive Disorder (MDD) and/or Generalized Anxiety Disorder (GAD) and are initiated on pharmacotherapy.

All pharmacists participating in this study have their additional prescribing authorization (APA) and PracID, and may be involved in administering interventions for patients enrolled into the study, which may involve:

- Assessing current medication therapy and prescribing if any changes should be implemented and notify you, which can include: drug dose adjustments, discontinuation of medication, switching medications, or prescribe adjunctive therapy.
- Collaborating with you if pharmacist prescribing warrants physician consultation, prior to making decisions on medication therapy changes and/or adjustments.
- Providing education and counseling to patients with MDD and/or GAD
- Conducting follow-up interviews with patients over telehealth and/or telephone
- Discussion with you to facilitate patient referral to non-pharmacotherapy management resources (e.g. psychologist)

We hope that you are open to this collaboration and we welcome you to provide any feedback as you see appropriate, based on your own assessment of the patient.

If you wish to acquire a copy of the study protocol, or if you have any questions or concerns please feel free to contact our study team:

Primary Investigators: Dr. Yazid Al Hamarneh (780) 492-9608 or Dr. Matt Chow (587) 999-0778

Of note: This study is conducted from the University of Alberta and has been approved by the research & ethics board of the University of Alberta.

Sincerely,

RPh.APA