

## **INSTRUCTIONS FOR STUDY MEDICATION FORM 63**

Form # 63A

Designated personnel will print this form in preparation for each study visit or date of action (whenever a change in medication occurs between study visits). Electronically generated forms will be prepopulated as much as possible, based on information in the database, including existing drug/dose at the visit/date of action. *All prepopulated information must be confirmed or corrected.* Alternatively, the form may be printed blank and completed entirely by hand. The completed paper form is to data entered within 3 business days.

This form consists of 4 sections (washout, ACE+ARB, open label, and all study drugs). Determine if each section should be skipped or completed. In each section, the first question (1, 3, 5) seeks confirmation of existing drugs/doses the participant *has taken* up to the time of the visit/date of action. The second question (2, 4, 6) requests drugs/doses the participant *will take during the next period* (after the current visit/date of action). The fourth section asks how drugs were dispensed and provides space for comments.

**WASHOUT DRUGS:** This section captures labetalol and/or clonidine only. Note that any *additional* or *pre-existing* blood pressure medications taken during the washout period or beyond must *not* be reported on this form, but are to be reported on

Concomitant Medication Form 6.

If the participant has not taken washout drugs at the visit/date of action, or does not need washout drugs at the current visit/date of action, or a washout period is not required, check the first checkbox and skip to the next section (ACE/ARB). If a washout period is required, but washout drugs are not prescribed, check the second box, enter anticipated start date and skip to next section (ACE/ARB).

#1. Existing Drug/Dose: This question refers to washout drugs the participant has taken up to the time of the visit or date of action. When generated, the participant's current/existing washout drug(s), dose(s) and start date(s) will print here. If the participant is taking washout drugs, check the appropriate box and complete question #1 (A&B). Verify each drug the participant is taking, as well as dose and start date for last period. Make any necessary corrections. Check the "participant confirmed" box to complete #1A, then document compliance in #1B. If the participant is not currently taking washout drugs, check the appropriate box in #1 and skip to #2.

#2. Next Period: This section refers to washout drug the participant will take after the visit or date of action. Indicate if washout drugs will be initiated and/or modified and the reason(s). In 2C, write the drug name(s), dose(s) and start date(s) for the next period.

**ACE+ARB THERAPY:** This section captures lisinopril and telmisartan/placebo only.

If the participant is on or will begin taking ACE+ARB, check the first checkbox and complete this section. If the participant has not begun ACE+ARB, will not begin at this visit, or has discontinued ACE+ARB, check the second box and skip to the next section.

#3. Existing Drug/Dose: This question refers to ACE+ARB the participant *has taken* up to the time of the visit or date of action. When generated, participant's current/existing drug(s), dose(s) and start date(s) will print here. Verify each drug the participant is taking, as well as dose and start date for the *last period*. Make any necessary corrections. Check "participant confirmed" box to complete #3A, and document compliance in #3B.

#4. Next Period: This section refers to ACE+ARB the participant will take after the visit or date of action. Indicate if ACE+ARB will be initiated and/or modified and the reason(s). In 4C, write the drug name(s), dose(s) and start date(s) for the next period.

**OPEN-LABEL DRUGS:** This section captures open-label BP drugs not captured in the first two sections.

If the participant is on or will begin taking open-label BP drugs at this visit, check the first checkbox and complete this section. If the participant is not taking open-label drugs, or will not begin taking them at this visit, check the second box and skip to the next section.



## **INSTRUCTIONS FOR STUDY MEDICATION FORM 63**

Form # 63A

#5. Existing Drug/Dose: This question refers to open-label drugs the participant has taken up to the time of the visit or date of action. When generated, the participant's current/existing drug(s), dose(s) and start date(s) will print here. Verify each drug the participant is taking, as well as dose and start date for the last period, and make any corrections necessary. Check the "participant confirmed" box to complete #5A, then document compliance in #5B.

#6. Next Period: This section refers to open-label drugs the participant will take after the visit or date of action. Indicate if open-label drugs will be initiated and/or modified and the reason(s). In 6C, write the drug name(s), dose(s) & start date(s) for the next period.

**ALL STUDY DRUGS:** This section captures information about all study drugs listed in the first three sections.

#7. Dispensing: Indicate how drugs were dispensed, or check "N/A" if no drugs were dispensed.

#8. Comments: Include comments about drugs, dosing, etc. Comments are for clarification only and cannot be used in study analysis.