

Table 1 **STEPS-Plus Med List Critique Tool**

Accuracy	Meds missing (eg, prescribed previously or by others)? All nonprescription meds including herbals and supplements included? Should pharmacy be consulted to determine what has been dispensed?
Adherence	Taking as directed? What is actually taken and how often? How often are doses missed?
Indication	Proven or likely diagnosis for each med? If yes, severe enough to warrant the med? Reason for a med not on the list?
Safety	Chance of serious harm? Number needed to harm? Black box? Renal adjustments needed? Patient aware of risks? Harm occurring now (eg, falls, organ toxicity)?
Tolerance	Chance of nonserious but significant quality-of-life harm? How much? Any current symptoms from a med?
Efficacy	Chance of benefit: number needed to treat? Percentage of patients who benefit? Patient-oriented significance: meaningful or just statistical significance (or not even that)? Magnitude of benefit: a “bang” or “whimper”? Actual response: Effective in this patient? Improvement when started? What if held? Prognosis: Will patient appreciate the benefit?
Price	Cost to the patient, facility, or community? Burden to patient? Other alternatives?
Simplicity	Easy to comply? Testing or monitoring necessary?
Dose	Current dose the most effective and least harmful? Too low for effect? Too high with more potential for adverse effects? Renal function considered? Response too much?
Directions	Frequency optimal? Take with food or on an empty stomach? Important precautions that should be communicated (eg, no driving, alcohol)? Indication for PRN meds clearly spelled out (and can patient know when this occurs)?
Interactions	Clinically significant interactions? Side effects cumulative? (eg, anticholinergic, sedation)
Redundancy	Two meds doing the same thing? More meds than necessary for a problem?
Ownership	Primary care physician identified and taking responsibility for full list management? Patient also taking responsibility (eg, keeping an up-to-date list, being cognizant of side effects, agreeing that meds are worth taking)? Informed consent?
Conclusions	What actions are warranted (eg, stop, start, modify, obtain more information, give better education, institute better shared decision-making, labs, problem list notation)?