SUPPLEMENTARY DATA

Full electronic search strategy

The PubMed search syntax served as the basis for all search strategies, using both Medical Subject Headings (MeSH) and text terms with Boolean operators. The syntax consisted of three search themes intersected by the Boolean term "AND". MESH terms included cardiovascular disease-related terms ("Cardiovascular Diseases", "Dyslipidemias", "Diabetes Mellitus", "Smoking", "Overweight") and pharmacist-related terms ("Pharmacists", "Pharmaceutical Services", "Pharmacy Service, Hospital", "Pharmacies", "Pharmacy").

The first theme, cardiovascular disease, combined exploded versions of Medical Subject Headings (MeSH) "Cardiovascular Diseases" or "Dyslipidemias" or "Diabetes Mellitus" or "Smoking" or "Overweight" or text terms *hypertension* or *cardiovascular risk factor* or *cardiovascular risk factors* or ((*cardiovascular* or *heart* or *coronary* or *cardiac*) and (*acute* or *disease* or *diseases*)) or *cholesterol risk management* or *diabetes* or *dyslipidemia** or *hypercholesterolemia** or *smoker** or *smoking* or *tobacco* or *overweight* or *obese* or *obesity*.

The second theme, pharmacist, combined exploded versions of MeSH terms "Pharmacists" or "Pharmaceutical Services" or "Pharmacy Service, Hospital" or "Pharmacies" or "Pharmacy" or text terms *pharmacist** or *pharmaceutical care* or *pharmacy* or *pharmacies*.

For the third theme, because we focused on randomized controlled studies (RCTs), we excluded other design types using the Cochrane Highly Sensitive Search Strategy for identifying randomized trials in MEDLINE, sensitivity-maximizing version: *randomized controlled trial[pt]* or *controlled clinical trial[pt]* or *randomized[tiab]* or *placebo[tiab]* or *drug therapy[sh]* or *randomly[tiab]* or *trial[tiab]* or *groups[tiab]*. The strategy to remove articles dealing only with animals was NOT (animals[mh] NOT humans[mh]). The search strategy was then adapted for EMBASE, CINAHL and the Cochrane Central Register of Controlled Trials.

SUPPLEMENTARY DATA

Supplementary Table 1. Subgroup analyses for the difference in systolic blood pressure with pharmacist care compared with usual care group according to selected study characteristics

Study Characteristics	No.of studies	Mean difference (95% CI)
		Systolic BP
All studies	12	-6.2 (-7.8- to -4.6)
Type of pharmacist care		
Pharmacist-directed care	6	-8.1 (-12.3 to -3.7)
Pharmacist-collaborative care	6	-5.7 (-7.7 to -3.7)
Type of interventions		
Educational interventions to patients		
Yes	11	-6.4 (-8.2 to -4.6)
No	1	-4.9 (-10.3 to 0.5)
Patient-reminder systems		
Yes	3	-6.1 (-10.6 to -1.5)
No	9	-6.4 (-8.4 to -4.4)
Measurement of CVD risk factors		
Yes	3	-5.6 (-8.7 to -2.6)
No	9	-6.8 (-9.2 to -4.3)
Feedback to healthcare professionals		
Yes	11	-6.3 (-8.1 to -4.5)
No	1	-5.6 (-13.1 to 1.9)
Number of interventions		
$\leq$3	8	-6.7 (-9.2 to -4.3)
$\geq$4	4	-5.8 (-8.9 to -2.8)
Type of setting		
Setting community pharmacy		
Yes	4	-10.0 (-16.4 to -3.7)
No	8	-5.5 (-7.3 to -3.7)

BP, blood pressure; CI, confidence interval; CVD, cardiovascular disease.

SUPPLEMENTARY DATA

Supplementary Figure 1. Risk of bias graph in included studies based on review authors' judgments about each methodological quality item presented as percentage across all included studies. Risk of bias was assessed using the Cochrane Risk of Bias Tool (19)