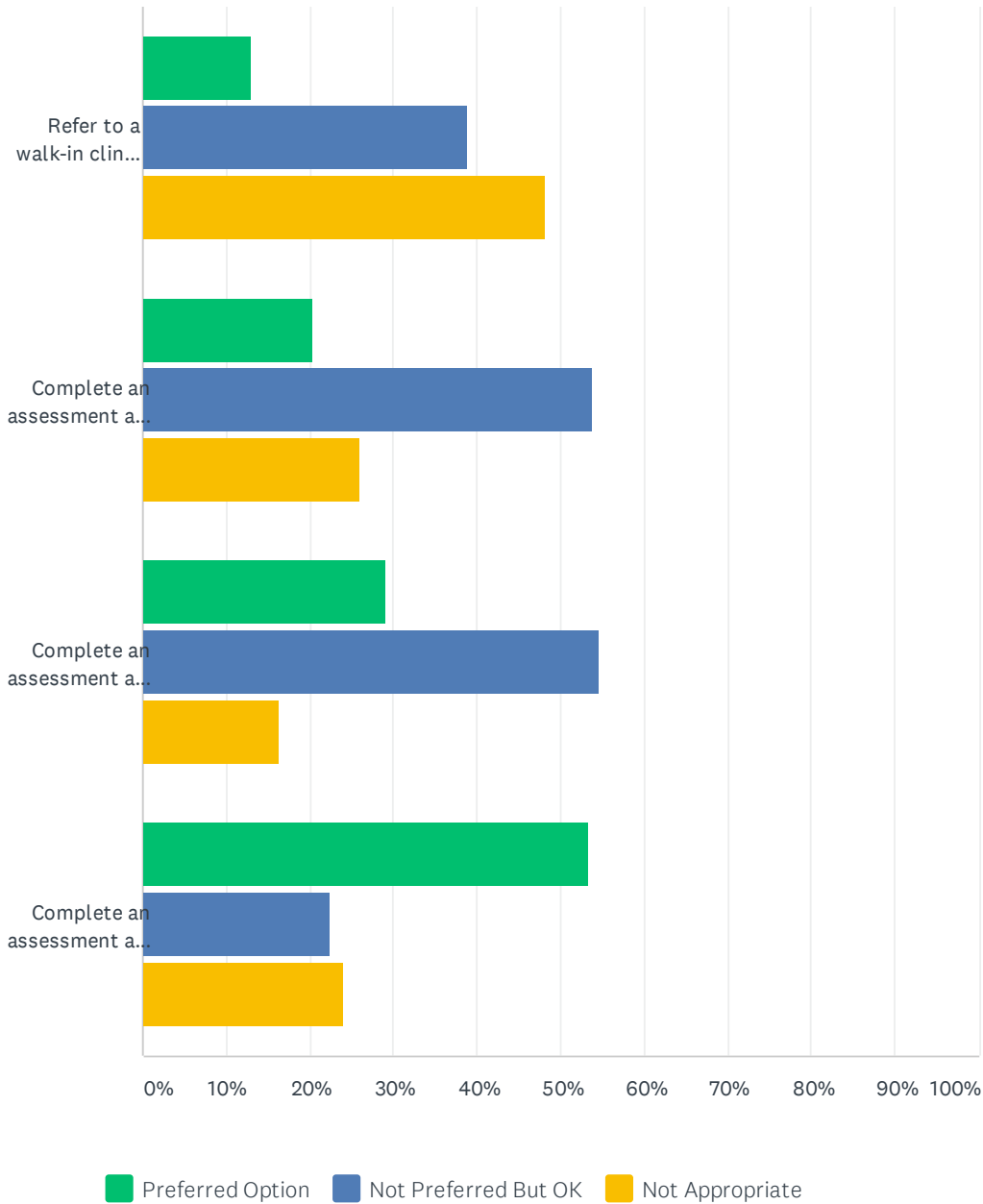


Q1 RT is a 43 yo male with a history of depression. He has taken citalopram 20 mg for three years with significant improvement in symptoms and no noticeable adverse effects. His other medical history is not remarkable. He does not have a family doctor. He calls the pharmacy and states that he has run out of refills on his medication. He has 2 tablets left. He wants to continue the therapy. You can see that he has filled his prescriptions for citalopram at your pharmacy for the past 3 years. His last prescription was written 6 months ago by one of the pharmacists on your team. The date is Sep 24, 2021. Current COVID practice situations are in effect. How would you respond?

Answered: 60 Skipped: 0

Panel of Peers Survey - Sept 24, 2021



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer to a walk-in clinic for assessment by a doctor or nurse practitioner.	12.96% 7	38.89% 21	48.15% 26	54
Complete an assessment and prescribe a 1-month supply and refer to a walk-in clinic for assessment of depression by a doctor or nurse practitioner.	20.37% 11	53.70% 29	25.93% 14	54
Complete an assessment and prescribe a 3-month supply if appropriate and refer to a walk-in clinic for assessment of depression by a doctor or nurse practitioner.	29.09% 16	54.55% 30	16.36% 9	55
Complete an assessment and prescribe a 6-month supply if appropriate. Encourage him to get on the list for patients seeking a primary care physician, but do not make a specific referral to a walk-in clinic for assessment by a doctor or nurse practitioner for depression.	53.45% 31	22.41% 13	24.14% 14	58



Panel of Peers – Reflections From Select Panel Members Sep 24, 2021



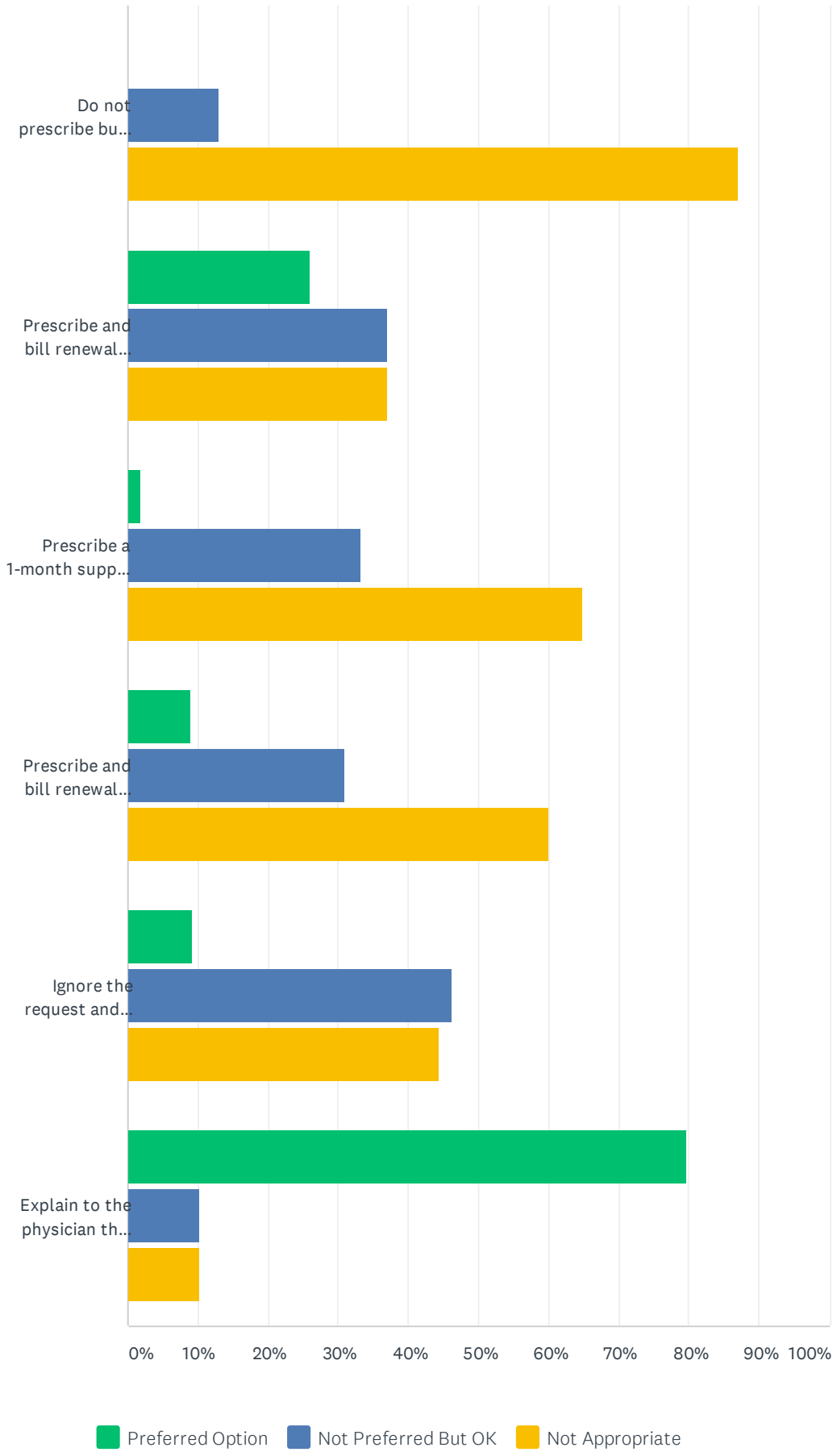
Question 1

- The preferred option was to continue for the next 6 months without further assessment IF THE THERAPY WAS APPROPRIATE.
 - Complete an assessment and prescribe a 6-month supply if appropriate. Refer for primary care list but not specifically for depression. 53% - Preferred option, 22% Not preferred by OK.
 - Provide a 3-month supply and refer for assessment of depression by a NP/MD 29% Preferred Option,
 - Refer the patient immediately – 48% Not appropriate, 39% Not appropriate but ok.
- Panel Comments
 - The standards do not prevent the pharmacist from extending the therapy if the therapy is appropriate. It's important to assess that the therapy continues to be appropriate (no change in other events or factors) but if so, extension would be fine.
 - It is important for the patient to get their name on the list but if the therapy was appropriate, given the limited ability to access care, renewing for 6 months would be appropriate.
 - One of the pharmacists assessed the patient 6 months ago. Would doing the same assessment be appropriate for the next 6 months? For some disease states the answer may be no. For example, for Synthroid, 6 months ago we may have had applicable blood work but today their labs are past due. The pharmacist's assessment process from 6 months ago should largely still apply for citalopram so extending it on our own is reasonable.
 - Some pharmacists may not be comfortable with their assessment of depression and thus refer. When counselling on new prescriptions (which happens every day) we're supposed to assess the patient condition to let them understand how and when the drug will work. The assessments of new prescription counselling can make renewal assessments more comfortable. If we were counselling on a new prescription for citalopram today and knew we were going to do Renewal Prescribing in 6 months, what would we want to know today, to know that the drug worked 6 months from now? Some even document and scan that information into the patient file. That could support the process.

Q2 A physician that works in your community contacts your pharmacy and states that while he appreciates your prescribing of renewals when his patients run out of medication, he would like you to only prescribe a 1-month supply as he feels he needs to assess his patients before extending the prescription further. If you have a patient that normally gets 3 months and 1 refill and continuing the therapy is appropriate, how would you respond?

Answered: 60 Skipped: 0

Panel of Peers Survey - Sept 24, 2021



Panel of Peers Survey - Sept 24, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Do not prescribe but loan the patient enough medication to get to their next appointment.	0.00% 0	12.96% 7	87.04% 47	54
Prescribe and bill renewals but limit the quantity to a 1-month supply, indicating MD request as the clinical reason to limit quantity.	25.93% 14	37.04% 20	37.04% 20	54
Prescribe a 1-month supply and do not bill Pharmacare if the quantity limit criteria is not met.	1.85% 1	33.33% 18	64.81% 35	54
Prescribe and bill renewals for a 1-month supply with 5 refills	9.09% 5	30.91% 17	60.00% 33	55
Ignore the request and continue current prescribing practices.	9.26% 5	46.30% 25	44.44% 24	54
Explain to the physician that you complete an assessment before prescribing. If there is a clinical reason to limit the quantity (ineffective, ADR, inability to assess patient eg. IOP) you will do so. If the therapy is appropriate you are obliged to prescribe an appropriate quantity.	79.66% 47	10.17% 6	10.17% 6	59



Panel of Peers – Reflections From Select Panel Members Sep 24, 2021



Question 2

- General consensus that loaning is not appropriate. **87% Not Appropriate**
- Mixed response on prescribe for 1 month and put the MD did not want more than a month as a clinical reason. **26% Preferred, 37% Not Preferred but OK, 37% Not Appropriate**
 - MD not wanting us to prescribe more than a month is not a “clinical reason” (see below)
 - MSI Audits haven’t really addressed this in their audits so far, but it likely gets clawed back.
- Prescribing a 1-month supply and not charging for it was not popular. **65% Not Appropriate**
 - If we are doing the work, we should get paid.
- Prescribe 1 month with 5 refills was not accepted. **60% Not appropriate**
 - Couldn’t tell if people thought it was not appropriate because:
 - you were still giving 6 months or
 - because MSI will would take the money back anyway as usual duration was described as “usual days supply plus authorized refills”.
- Ignore the request and continue normal prescribing practices. **Interesting 50/50 split on Not Appropriate vs the other categories. 9% even said it was their preferred response.**
 - In the interest of collaboration and understanding of our scope of practice, dialogue would be good.
- Explain to the physician that barring a clinical reason to refer to only provide 1 month we would but barring that we would be obliged to provide the patient with an appropriate quantity. **80% stated this was their preferred option.**
 - Challenge regarding trying to balance collaboration with physicians vs. prescribing a quantity that is clinically appropriate.
 - If there is a clinical reason to limit the day supply, then it is appropriate to do so. Situations where we decide we could give some but not the full 6-months could be:
 - the drug was only partially working but stopping it would be a greater problem, and continuing it for a month presents limited risk.
 - the patient was experiencing mild side effects that didn’t warrant immediate drug discontinuation and stopping the drug would present problems
 - we needed information to assess the therapy properly that was not available to us (e.g. updated labs, intraocular pressure/retinal scan).
 - In contrast there are some situations where we would avoid prescribing for a month (e.g. patient’s whose blood pressure was 208/110 and needed to go to the hospital NOW!, naproxen in patients with signs of nephrotoxicity or sudden Hgb drop)
 - Some physicians use refills as a device to ensure patient’s come back and potential concerns about patient’s not going back to the doctor.
 - Physicians also likely don’t understand that we assess, including review of labs and triage when we prescribe. They may believe it’s a 6-month CCP where the assessment standard may not have been high. It won’t fix the problem they should at least know what we’re doing.