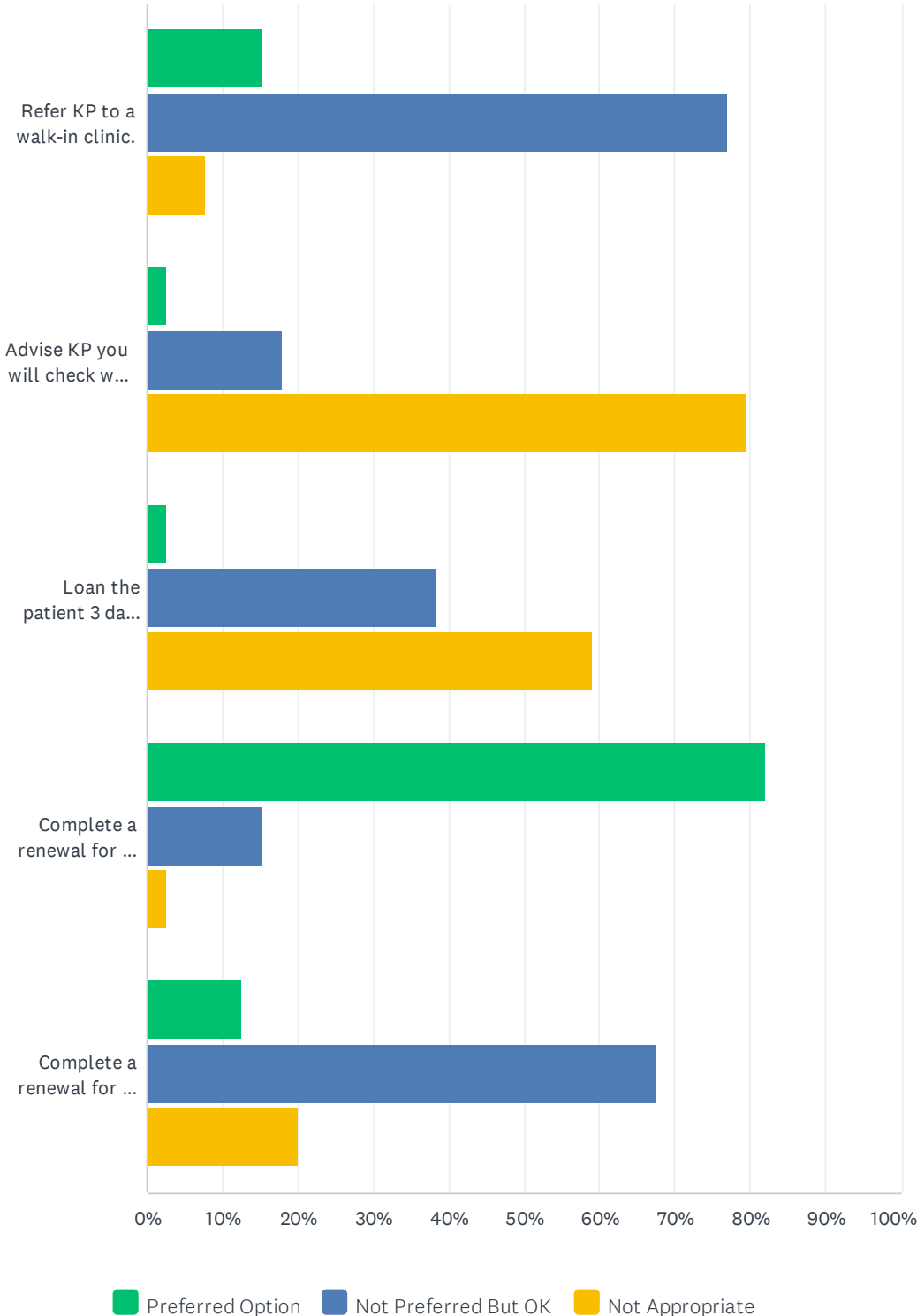


Q1 KP is a 55 yo female who has just completed a 7-day course of cephalexin for cellulitis. It is Friday and she presents to the pharmacy indicating she just came from her doctor's office. Her doctor was going to fax in another 7 days of the antibiotic. While the rash significantly improved, there is still some redness, which upon inspection, you can see. While you filled the initial prescription you don't remember what it looked like initially, but KP said it was three times the size and swollen. You still don't have the new prescription. You reach out to the physician's office, but you aren't able to get in contact with the physician to confirm and the office is closed until Monday. What should the pharmacist do?

Answered: 41 Skipped: 1

Panel of Peers Survey - Oct 1, 2021 - YOUR SUBMISSIONS! (DUE TO # OF SUBMISSIONS, 3 QUESTION SURVEY)



Panel of Peers Survey - Oct 1, 2021 - YOUR SUBMISSIONS! (DUE TO # OF SUBMISSIONS, 3 QUESTION SURVEY)

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer KP to a walk-in clinic.	15.38% 6	76.92% 30	7.69% 3	39
Advise KP you will check with the doctor on Monday.	2.56% 1	17.95% 7	79.49% 31	39
Loan the patient 3 days of cephalexin until you can check with the doctor on Monday.	2.56% 1	38.46% 15	58.97% 23	39
Complete a renewal for 3 days until you can verify with the physician.	82.05% 32	15.38% 6	2.56% 1	39
Complete a renewal for 7 days and notify the physician.	12.50% 5	67.50% 27	20.00% 8	40



Panel of Peers – Reflections From Select Panel Members Oct 1, 2021



Thank you for submitting your questions. It is great to have an opportunity to share these experiences with peers and have them weigh in on the situation.

Question 1

- The majority did not feel waiting until Monday or loaning was appropriate. (Check with the doctor on Monday – 80% Not Appropriate, Loan 3 days of cephalexin – 59% Not Appropriate)
- Majority did NOT feel comfortable renewing for 7 days. (20% - Not Appropriate, 67.5% Not Preferred but OK)
- Majority selected to do a renewal for 3 days (82.05% - Preferred Option)

Comments

- We do not have direct communication from the physician of intent.
- This is a second-hand account of physician intent and while we can see the redness, diagnosing cellulitis is not part of our scope. Faxing the physician to determine intent would be an option.
- No place for loaning medication anymore.
- A 7-day extension cannot be independently validated.

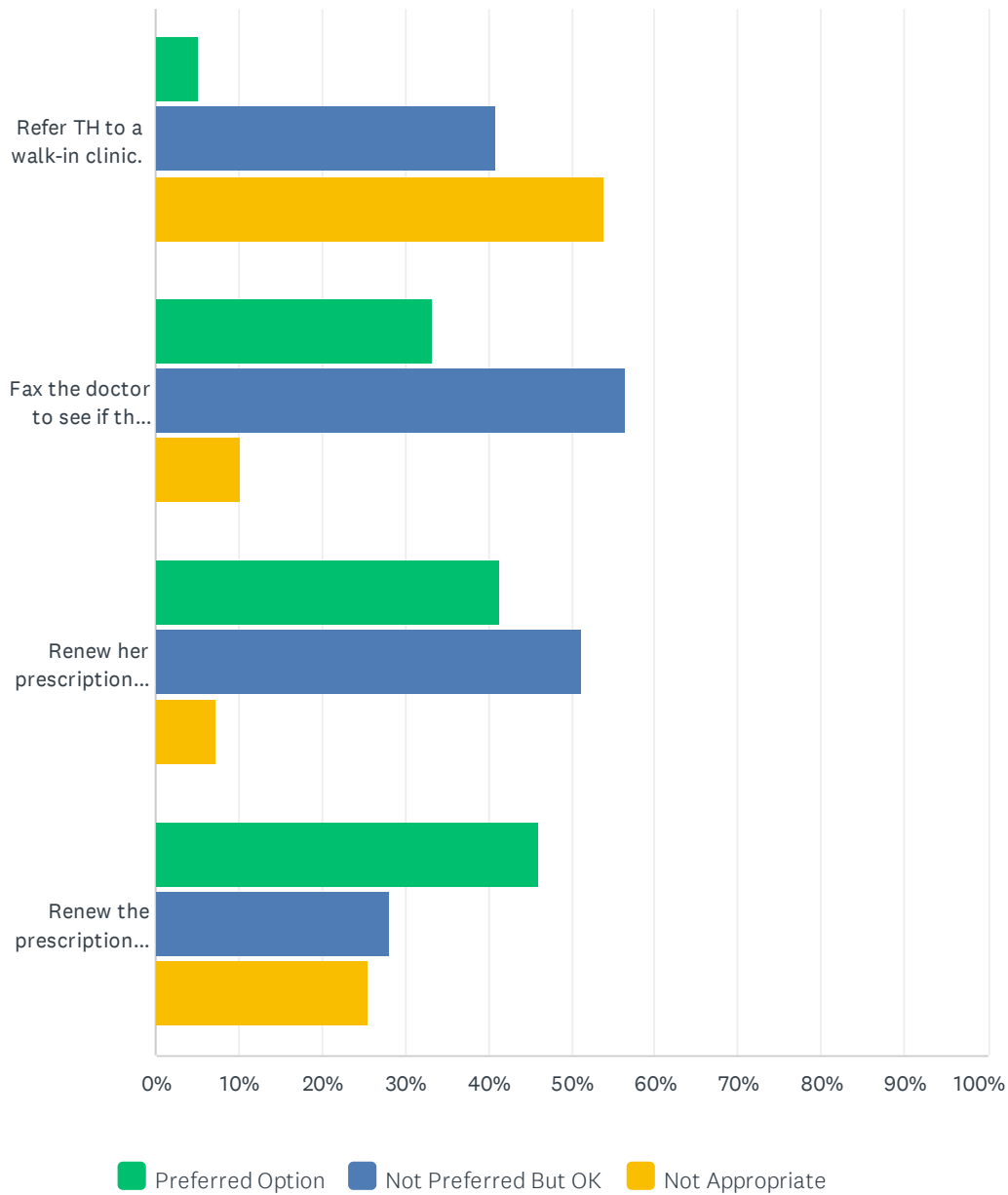
THERAPEUTIC PEARL (Pharmacist supporting Academic Detailing on Antimicrobial Stewardship)

- 7-day antimicrobial therapy is usually sufficient for cellulitis. Residual redness is to be expected and not an indication for extending therapy. Ensure adequate rest and elevation of the limb.

Q2 TH has been taking Synthroid 88 mcg for the past 3 years. TH has run out of refills on her prescription and requests a renewal. She indicates her family doctor ordered blood work at her last appointment two months ago but she has not followed up since. When you look at SHARE, TSH is high (6.0 mIU/L normal 0.4 – 4.5 mIU/L, T3/T4 not ordered as not advised from Choosing Wisely) suggesting hypothyroidism. When you click on trend for last 5, her results hovered near the top of the normal range for the last 3 years. 4 years ago she her TSH was high which prompted a dose change from 75 mcg to 88 mcg. She noted she currently felt a little tired but didn't suspect anything unusual. She reports nothing else out of the ordinary and her remaining medical background is unremarkable. She can make an appointment with her doctor in a month. She has no medication left. How should a pharmacist respond?

Answered: 41 Skipped: 1

Panel of Peers Survey - Oct 1, 2021 - YOUR SUBMISSIONS! (DUE TO # OF SUBMISSIONS, 3 QUESTION SURVEY)



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer TH to a walk-in clinic.	5.13% 2	41.03% 16	53.85% 21	39
Fax the doctor to see if the physician wanted to adapt the dose.	33.33% 13	56.41% 22	10.26% 4	39
Renew her prescription at the current dose for a 1-month supply and refer to her doctor for dose adjustment.	41.46% 17	51.22% 21	7.32% 3	41
Renew the prescription for a 2-month supply at 100 mcg and refer to her doctor for blood work and assessment of future dose.	46.15% 18	28.21% 11	25.64% 10	39



Panel of Peers – Reflections From Select Panel Members Oct 1, 2021



Question 2

- Majority were NOT inclined to refer the patient to a walk-in clinic. (95% - Not Appropriate or Not Preferred but OK)
- Notable split among the remaining option with an edge to the pharmacist making a prescribing decision over asking the physician to prescribe without talking to the patient (Fax the doctor – 33% Preferred, Renew for 1-month at the current dose and refer – 41% Preferred, Renew for 2-months at 100 mcg and refer for follow-up – 46%)

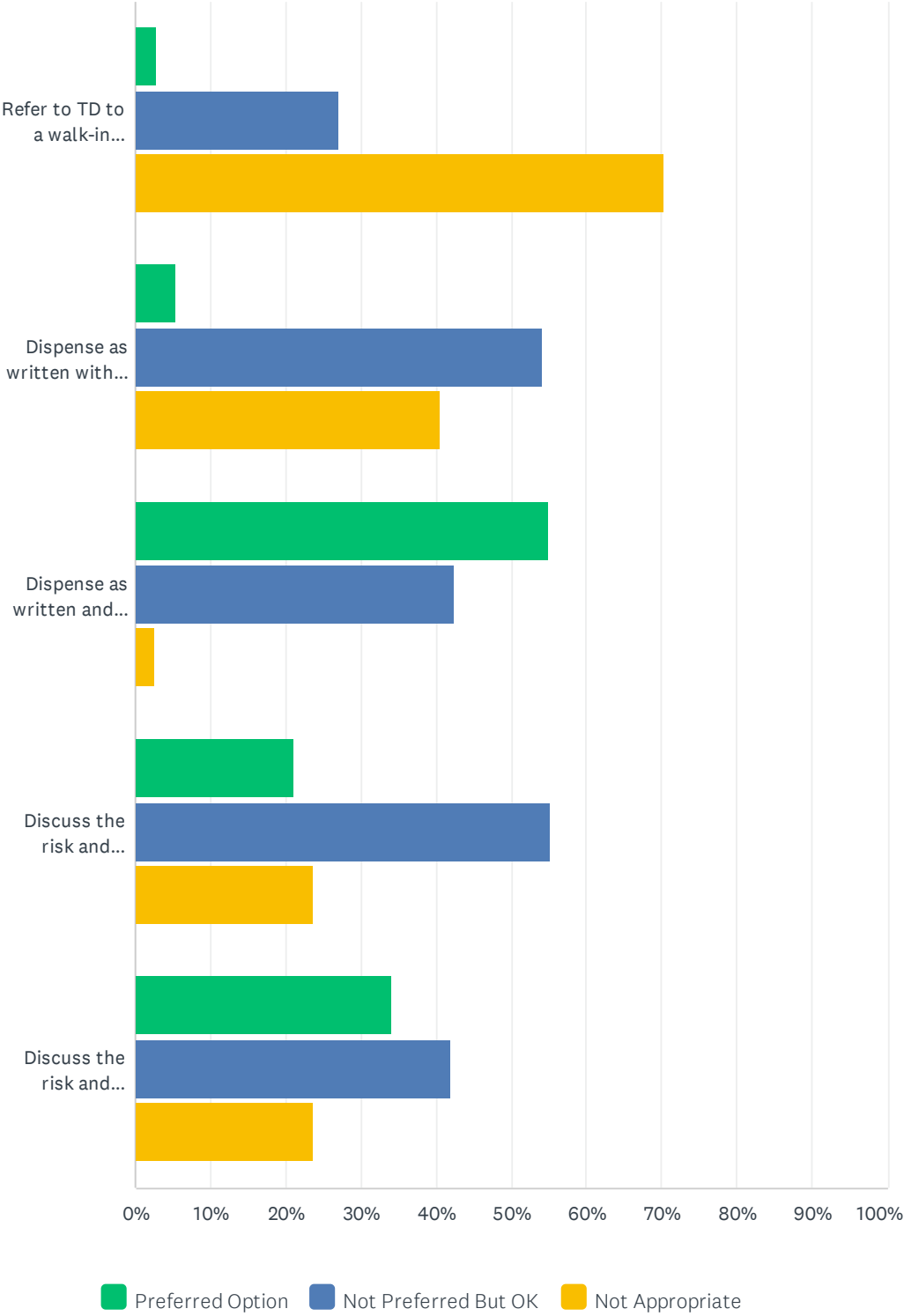
Comments

- A collaborative relationship with the physician would lend to more pharmacist direction of the therapy.
- The pharmacist should be comfortable adjusting doses of Synthroid based on blood work and symptoms. Clinical experience of the pharmacist is important.
- History and symptoms suggest dose adjustment would be warranted.
- Note on billing: Renewal Prescribing in which the pharmacist adapts the dose or completes a therapeutic substitution, still qualifies as a renewal prescription for billing to Pharmacare. If the patient has no refills and the pharmacist is creating a new prescription it is a renewal. Pure Adaptations and Therapeutic Substitutions are changes to existing active prescriptions.

Q3 TD is a 72 yo male with HTN. He is travelling to your town from another part of the province and requests to have his refills transferred. His medications are ramipril 2.5 mg AND telmisartan 40 mg both once daily. He indicates he is using this for HTN and has been doing so for more than 15 years. He states his BP is normally well-controlled and he doesn't report any adverse effects. He doesn't regularly monitor his blood pressure. His blood pressure in pharmacy is 135/89. He reports no other medications and no other remarkable medical history. His lab values in SHARE are within the normal range including renal function and potassium. The pharmacist is concerned as "ACEI+ARB combinations often offer no additional outcome benefit, but increased adverse effects when used solely for hypertension. (Limited benefits noted in select patients with nephropathy or heart failure.)" RxFiles (available for PANS members). The data indicated increased risk of renal impairment, hypotension and hyperkalemia. How should a pharmacist respond?

Answered: 40 Skipped: 2

Panel of Peers Survey - Oct 1, 2021 - YOUR SUBMISSIONS! (DUE TO # OF SUBMISSIONS, 3 QUESTION SURVEY)



Panel of Peers Survey - Oct 1, 2021 - YOUR SUBMISSIONS! (DUE TO # OF SUBMISSIONS, 3 QUESTION SURVEY)

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer to TD to a walk-in clinic to reassess therapy.	2.70% 1	27.03% 10	70.27% 26	37
Dispense as written with no other action as the patient has experienced no noticeable side effects.	5.41% 2	54.05% 20	40.54% 15	37
Dispense as written and refer the patient back to his family doctor after discussing the evidence regarding the risk and benefits of the combined therapy.	55.00% 22	42.50% 17	2.50% 1	40
Discuss the risk and benefits regarding the combined therapy and if the patient is willing, perform a therapeutic substitution (amlodipine) on one of the medications and create an appropriate monitoring plan (including referral to MD for follow-up blood work).	21.05% 8	55.26% 21	23.68% 9	38
Discuss the risk and benefits regarding the combined therapy and if the patient is willing, hold ramipril, adapt the dose of telmisartan to 80 mg and create an appropriate monitoring plan (including referral to MD for follow-up blood work).	34.21% 13	42.11% 16	23.68% 9	38



Panel of Peers – Reflections From Select Panel Members Oct 1, 2021



Question 3

- Majority felt it was not necessary to refer the patient to a walk-in clinic (97% - Not Appropriate or Not Preferred but OK)
- Not saying anything just because the patient seemed to tolerate the therapy was also not a preferred course of action (95% - Not Appropriate or Not Preferred but OK)
- Most popular result was to discuss the risks and benefits with the patient and refer them back to their family doctor to adjust the therapy (55% - Preferred)
- There was some preferred options to change the therapy now but the frequency was lower (21% - Preferred therapeutic substitution to amlodipine, 34% - d/c ramipril and increase dose on telmisartan)

Comments

- The pharmacist does have a responsibility to ensure patients are getting the appropriate therapy which would justify the switch.
- Follow-up is critical and initiating the change in a situation where follow-up must be delegated may increase the chance of a care gap. Notification is critical for the family doctor and the other pharmacy.
- We do not have an established history with the patient or a collaborative relationship with the physician. The situation is not urgent but should be addressed so discussing it with the patient and notifying the concerns with the primary care provider would be reasonable.