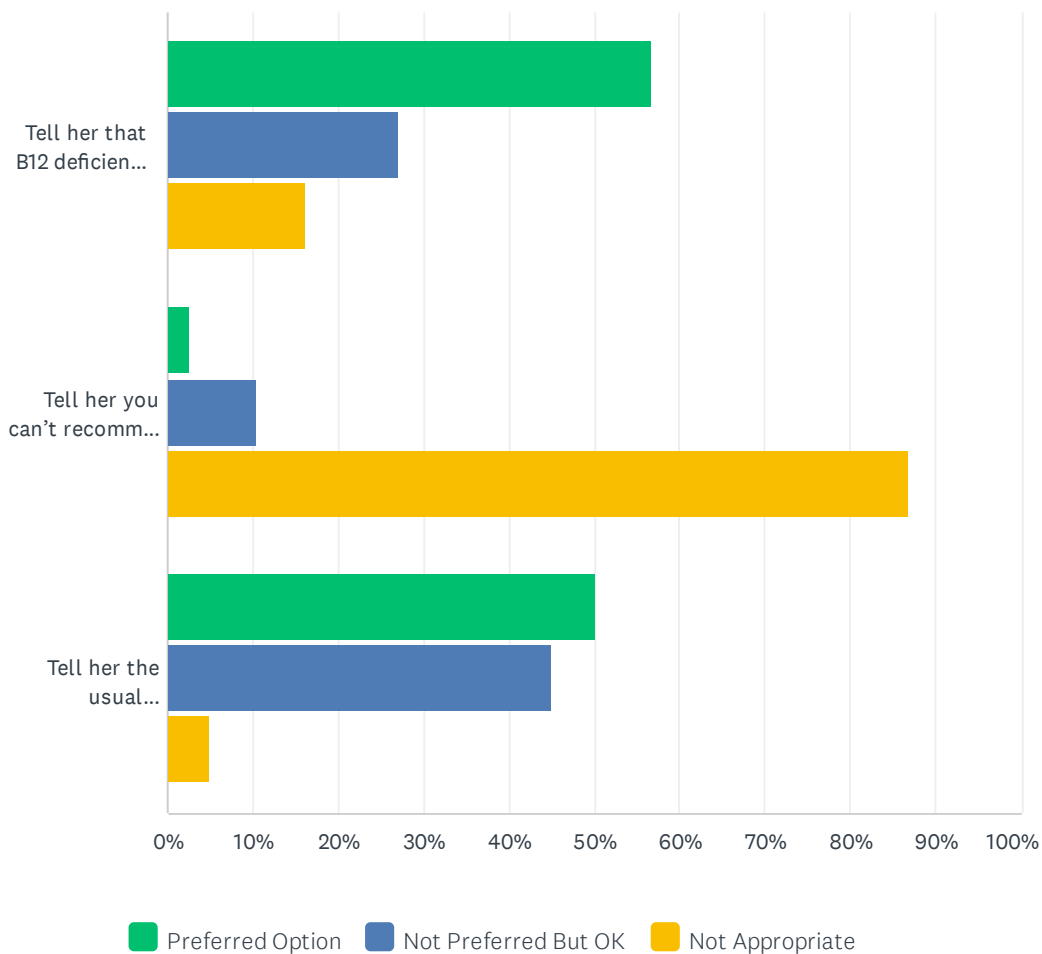


Q1 (Your submission) GM comes into your pharmacy with her blood work printed off. You are surprised but impressed with her initiative. She states in her recent blood work her B12 level was a little low, just below the normal range, so she wanted to take OTC B12 supplements. She wanted to know what dose would be appropriate. How should the pharmacist respond?

Answered: 40 Skipped: 1



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Tell her that B12 deficiency should be assessed in the context of anemia and she should discuss supplementation and monitoring with her physician.	56.76% 21	27.03% 10	16.22% 6	37
Tell her you can't recommend anything more than a multivitamin.	2.63% 1	10.53% 4	86.84% 33	38
Tell her the usual therapeutic dose of B12 is 1000 mcg.	50.00% 20	45.00% 18	5.00% 2	40



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



### Question 1

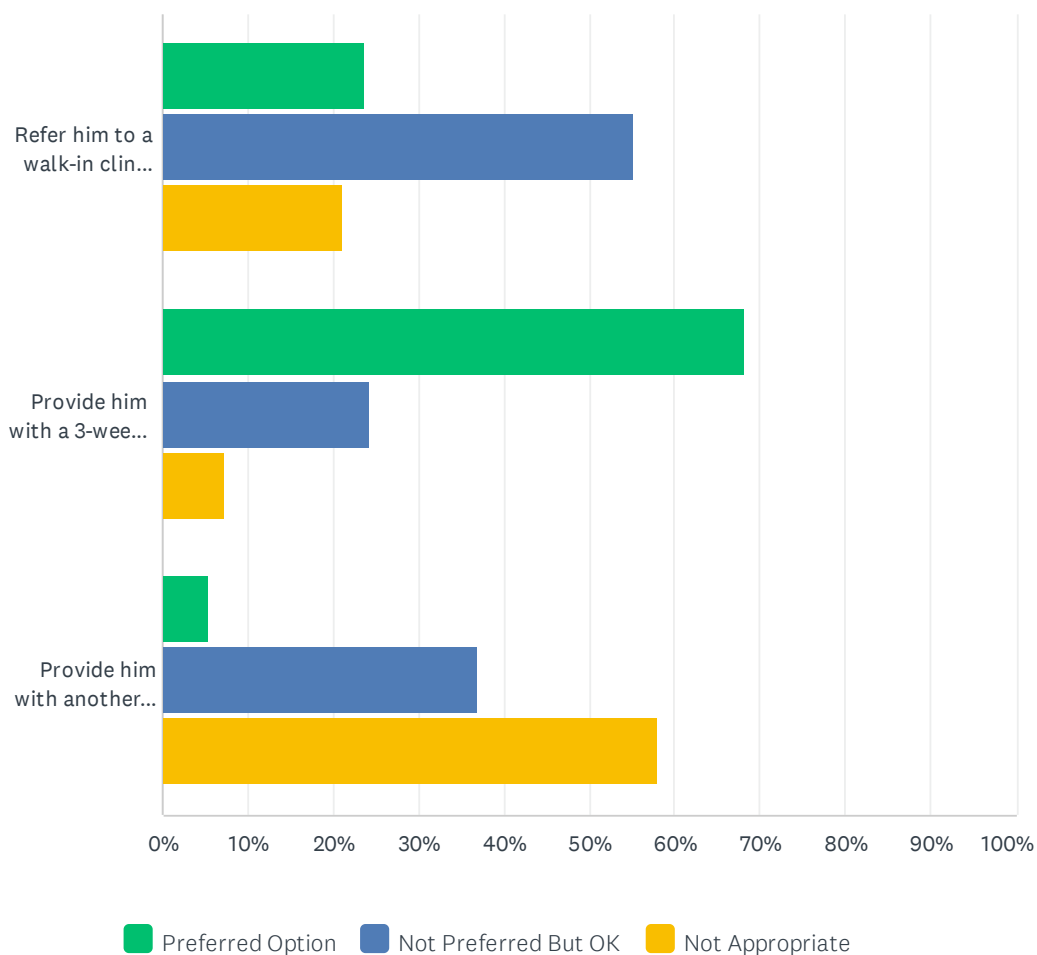
- The group was split on this one. (57% - Preferred Option - Tell her B12 deficiency should be discussed in the context of anemia and should be discussed with a physician, 50% - Preferred Option – Tell her the usual dose of B12 is 1000 mcg)

### Comments

- More information is needed as we need to assess B12 in the context of CBC and other medications that may cause B12 deficiency.
- Important to find out if she had a conversation with the person who ordered the blood work. They do have some responsibility for the results and we do not know the context under which they were ordered.
- Need to assess dietary intake.
- Could recommend B12 supplementation but refer her to the person who ordered the test.
- Low risk to supplementation as it is a water-soluble vitamin. Should assess if intrinsic factor is an issue.
- This is a low risk, water-soluble vitamin but it is still potentially the treatment of anemia. Anemia is not a minor ailment and this brings up the question as to whether we should be autonomously initiating treatment for this even if we have the clinical skills to address it.
- If she had Pharmacare would we write a prescription to get it covered? (Unscheduled drug prescribing?) If we did, we would need to notify the primary care provider and establish a follow-up plan that includes getting supplemental blood work. Did we do that with the OTC recommendation? We should.
- Someone ordered the blood work and she should be referred back to the person who ordered the test whether she decides to take B12 or not.

Q2 TL a 72 yo male, comes to your pharmacy and requests a refill for his ramipril. His blood pressure is 130/84 but when you check his labs on SHARE he hasn't had blood work in 2 years. His potassium was normal but his eGFR was 45. The previous 3 annual results were 57, 54 and 51. You decide to do a 2-month renewal and request that he go to his doctor and get his bloodwork updated. 2-months later TL shows up at your pharmacy looking for another renewal. He states he "didn't get around to getting an appointment for more blood work." What should the pharmacist do?

Answered: 41 Skipped: 0



Panel of Peers Survey - Oct 8, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer him to a walk-in clinic to get a new prescription and blood work.	23.68% 9	55.26% 21	21.05% 8	38
Provide him with a 3-week supply and tell him to make an appointment to go get blood work.	68.29% 28	24.39% 10	7.32% 3	41
Provide him with another 2-month supply and tell him to make an appointment to go get blood work.	5.26% 2	36.84% 14	57.89% 22	38



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



### Question 2

- The majority preferred to give the patient some medication but not another two months.
- Give a 3-week supply and refer for blood work – 68% Preferred Option
- Refer to a walk-in clinic now to get a new prescription and blood work – 24% - Preferred Option
- Provide another 2-month supply and tell him to make an appointment to get blood work – 58%  
Not appropriate

### Comments

- Give enough to get blood work. Some labs may take more than 3 weeks to get an appointment so may extend it beyond the 3 weeks. Otherwise, she may get 3-weeks then need another fill from the walk-in.
- The Standards allow us to prescribe, and it may be more realistic to give 2 months so the patient could get back to the physician.
- If I have a relationship with the doctor, I may request the physician provide the requisition now and follow-up with the patient.
- During the initial consult I would have told him I'm not comfortable renewing the prescription AT ALL without updated blood work. I would've told him I would make an exception this one time and give him a 2-month supply to give him time to arrange getting blood work, but I would not give another 2 full months again. So, call your doctor tomorrow. He can't think I will just keep giving 2 months every 2 months. There was a clinical reason I didn't give 4 months originally so I wouldn't extend it for another 2 months. If he still shows up without his bloodwork, I may still do the 3-week supply because the only immediate appointment may be the ER.
- Explain to the patient why blood work for renal function is important and then provide another month.
- There was a downward trend in eGFR which could mean declining renal function. Patients do have to take some responsibility for their own health ("he didn't get around to getting more blood work") and continuing as is could be problematic if his kidney function is impaired. He should go to a walk-in clinic for his own benefit.