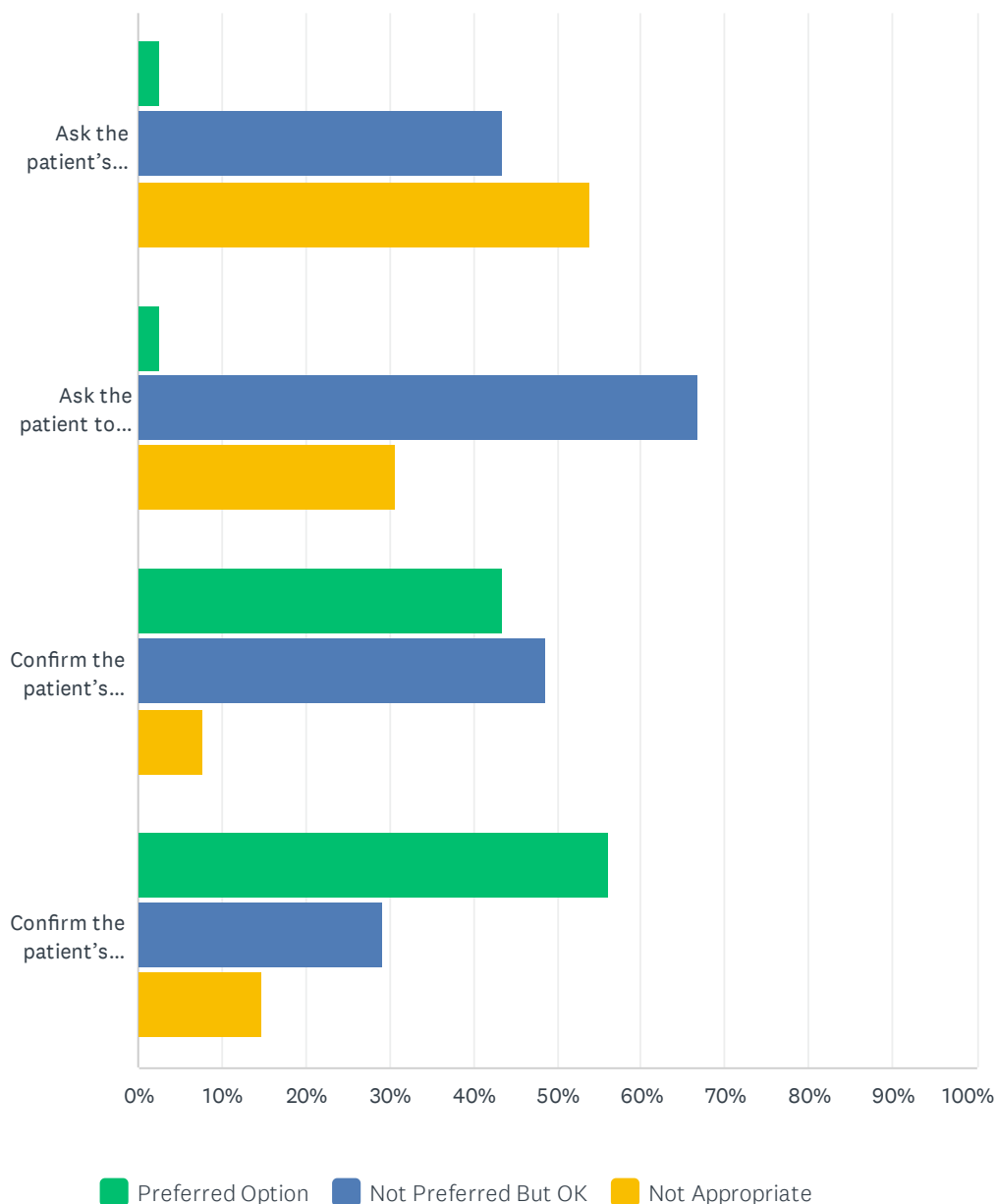


Q1 (Your submission) TL, a resident in Halifax, comes to your pharmacy in the valley. She's there for a lovely vacation in wine country. Unfortunately, she forgot her medication (ramipril, citalopram, pantoprazole). She only had a week left so she was due for her prescription but when you called her pharmacy to transfer the prescription there were no refills remaining. She normally gets 3 months and a refill. While she has a family doctor, she did not realize that she ran out of refills and did not set up an appointment. How should the pharmacist proceed?

Answered: 41 Skipped: 1



Panel of Peers Survey - Oct 15, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Ask the patient's regular pharmacy to fax to the doctor.	2.56% 1	43.59% 17	53.85% 21	39
Ask the patient to contact her regular pharmacy for renewal prescribing.	2.56% 1	66.67% 26	30.77% 12	39
Confirm the patient's regular medication (via DIS, the other pharmacy) and prescribe a 1-month supply until she gets back to Halifax.	43.59% 17	48.72% 19	7.69% 3	39
Confirm the patient's regular medication (via DIS, the other pharmacy) and if all her therapies are appropriate prescribe usual quantities (e.g. 6 months)	56.10% 23	29.27% 12	14.63% 6	41



Panel of Peers – Reflections From Select Panel Members Oct 15, 2021



Question 1

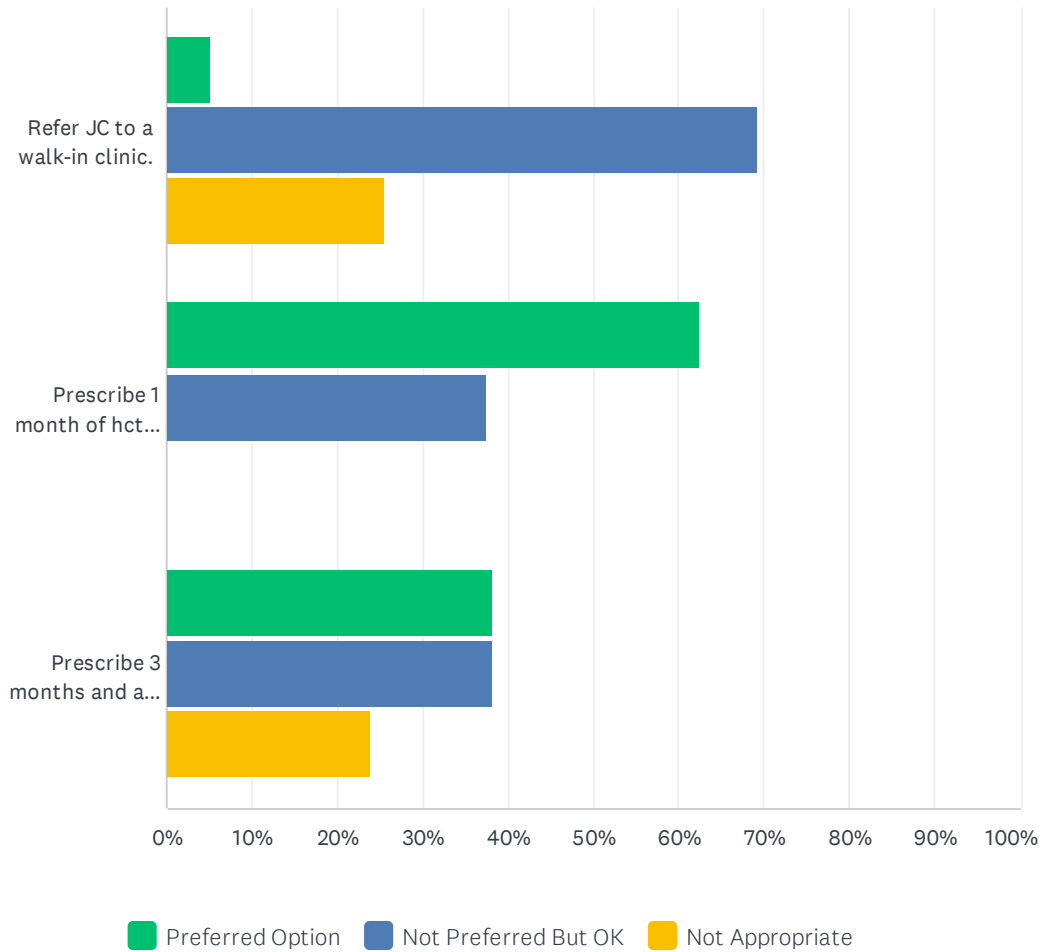
- The group was split on this one. (44% - Preferred Option – Provide her with a 1-month supply until she got back to her regular pharmacy. 56% - Preferred Option – Confirm the patient’s regular medications and provide usual quantities if appropriate.
- 44% - Not preferred but OK – Ask the patient’s regular pharmacy to fax the doctor
- 67% - Not preferred but OK – Ask the patient’s regular pharmacy to prescribe

Comments

- Asking the physician to prescribe for a patient without seeing them is not appropriate.
- The patient’s regular pharmacy can’t measure the patient’s blood pressure from Halifax so the local pharmacy should provide the renewal. Some renewal prescriptions can be done over the phone if physical assessment wasn’t needed.
- The pharmacy only needs to confirm the patient’s medication and be able to assess the condition to proceed.
- If the patient had enough medication to get home, I would recommend them be assessed by their usual pharmacy team.
- MSI would reclaim the prescribing fees if we only prescribed a 1-month supply to the patient without a clinical reason to do so. Having the patient go back to their own pharmacy isn’t a satisfactory clinical reason.

Q2 JC, a 64 yo female calls for a refill of her losartan-hctz 100mg/25mg. She doesn't have any medication left. The drug has been recalled. JC does not have a family doctor. Her last prescription was for 3 months with 3 refills. How should the pharmacist respond?

Answered: 42 Skipped: 0



	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer JC to a walk-in clinic.	5.13% 2	69.23% 27	25.64% 10	39
Prescribe 1 month of hctz 25 mg and an equivalent dose ARB (e.g. 300 mg irbesartan) and refer the patient to another primary care provider for blood work (i.e. renal, potassium).	62.50% 25	37.50% 15	0.00% 0	40
Prescribe 3 months and a refill of hctz 25 mg and an equivalent dose ARB (e.g. 300 mg irbesartan) and refer the patient to another primary care provider for blood work (i.e. renal, potassium).	38.10% 16	38.10% 16	23.81% 10	42



Panel of Peers – Reflections From Select Panel Members Oct 15, 2021



Question 2

- The majority preferred to give the patient a 1-month supply and refer them to get blood work. 63% preferred option, 38% - Preferred option to give 3 months and 1 refill, 5.3% - Preferred Option – refer to a walk-in clinic.

Comments

- I would probably give 2-3 months given how hard it can be to get blood work right now.
- I would schedule a follow-up in 1 month to assess the patient's BP
- Important to schedule a follow-up as part of the therapeutic substitution