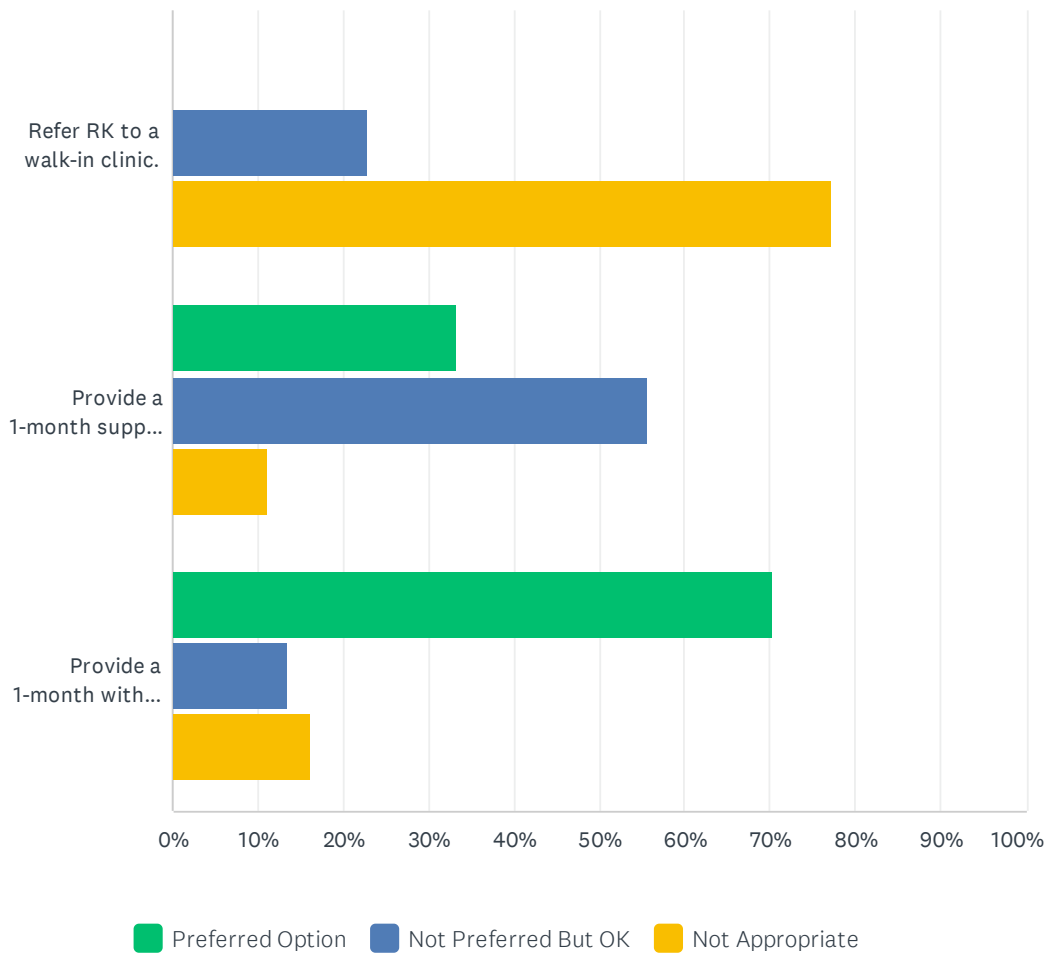


Q1 RK is a 21 yo male with ulcerative colitis. He is currently taking Humira®, methotrexate low dose and folic acid. He runs out of refills on his Humira® and doesn't have an appointment scheduled with his gastroenterologist or his family doctor. He reports that his condition is well controlled. He hasn't had a flare in years. He reports no blood in the stool, diarrhea, unexplained fever or abdominal pain. His labs which were last completed 1 month ago (he goes 3-4 times per year) all come back within normal limits. His last prescription was for 1 month with 12 refills.

How should a pharmacist proceed?

Answered: 38 Skipped: 0



Panel of Peers Survey - Oct 22, 2021

| | PREFERRED OPTION | NOT PREFERRED BUT OK | NOT APPROPRIATE | TOTAL |
|---|---------------------|-------------------------|--------------------|-------|
| Refer RK to a walk-in clinic. | 0.00% 0 | 22.86% 8 | 77.14% 27 | 35 |
| Provide a 1-month supply to RK and refer to his physician for further assessment. | 33.33% 12 | 55.56% 20 | 11.11% 4 | 36 |
| Provide a 1-month with 5 refills. | 70.27% 26 | 13.51% 5 | 16.22% 6 | 37 |



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



Question 1

- The group strongly favored just giving a 1-month renewal with 5 refills (70% - Preferred Option – 1 month with 5 refills, 33% - Preferred Option - Provide a 1-month supply and refer)
- No one wanted to refer right away (0% - Preferred Option – Refer)

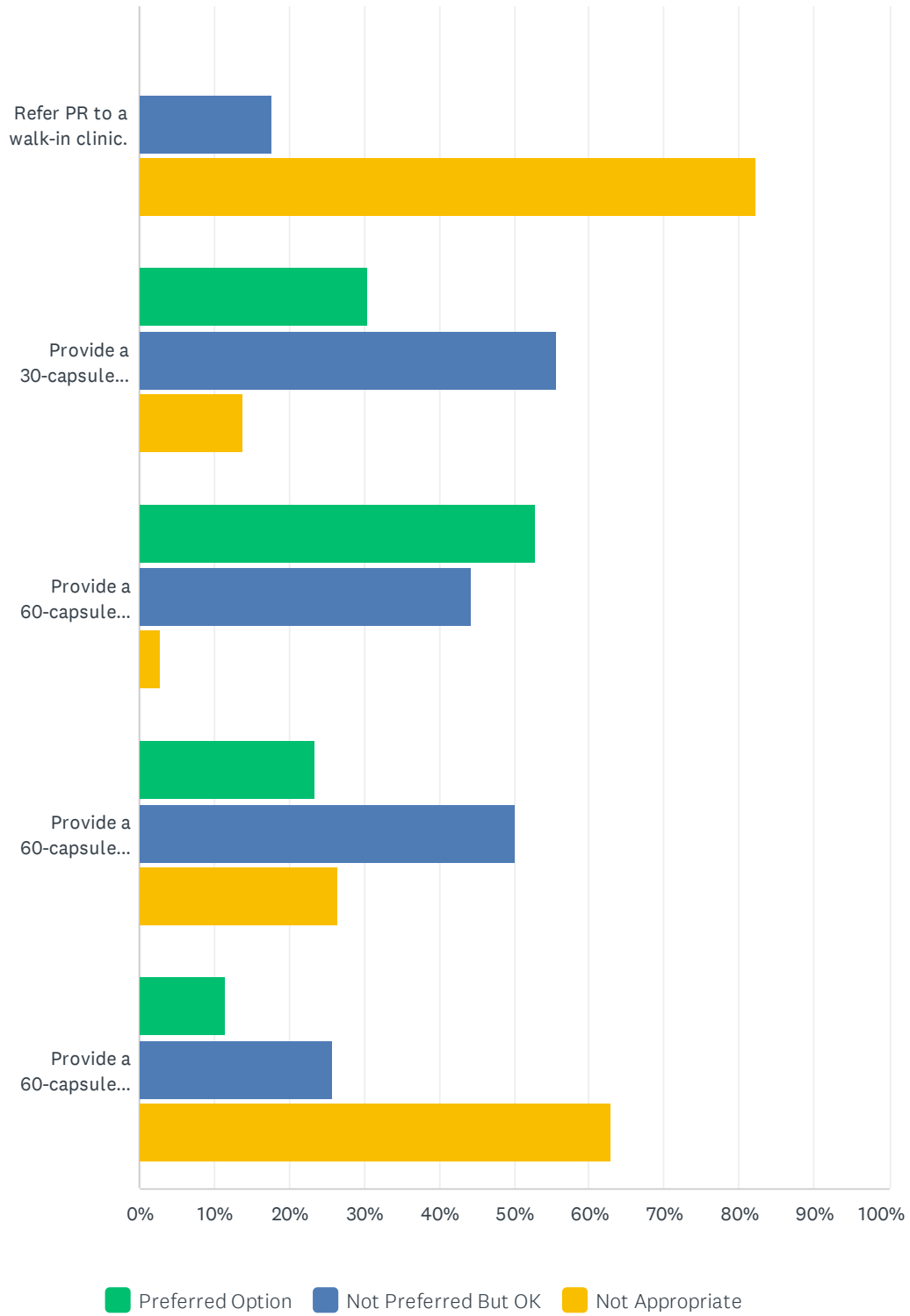
Comments

- The Standards allow renewals in this situation, but it may be prudent to check with the specialist to determine if the patient needs to be seen.
- May give more than 1 month if the patient couldn't see specialist before then.
- Extend for 6 months ensuring patient continues getting labs
- Renew for 1 month and refer to specialist. Patient would likely have an appointment as they tend to be enrolled in a Patient Support Program
- Prefer to give 1 month. Auscultation (abdominal sounds) and palpation (tenderness) often performed by specialist/family doc. If the patient needed imaging it wouldn't normally be urgent. 1 month more for physical assessment. Some family doctors might not renew it for 6 months.
- Drug coverage authorization may need to be renewed annually by specialist. Often happens in the background without my knowledge. Wouldn't want a lapse in coverage with a delay in getting back to the specialist.
- 6-months would allow the patient enough time to see specialist
- 6 months assuming condition is well-controlled, up to date labs and physical assessment not required.

Q2 PR is a 48 yo female currently using rabeprazole 20 mg once daily as needed for heartburn. She calls the pharmacy for one of her 2 remaining refills but is told that the refills have expired. She doesn't have an appointment with her family doctor. She has been taking PPIs for about 10 years. In the past 4 years she tried coming off them with mixed results. Eventually her doctor decided she could just use them prn if her symptoms flared up and she has been dosing so for the past 3 years. She last received a 60-capsule supply 190 days ago. Her previous 60-capsule supply was 270 days before that. She does not have any of the following: abdominal pain, vomiting, blood in stool, dysphagia, regurgitation. Her labs are normal (no signs of bleeding or vitamin deficiency). You talk to her about potentially trying to come off it completely or stepping down further, but she is not interested at this time. How should a pharmacist proceed?

Answered: 38 Skipped: 0

Panel of Peers Survey - Oct 22, 2021



Panel of Peers Survey - Oct 22, 2021

| | PREFERRED OPTION | NOT PREFERRED BUT OK | NOT APPROPRIATE | TOTAL |
|---|---------------------|-------------------------|--------------------|-------|
| Refer PR to a walk-in clinic. | 0.00% 0 | 17.65% 6 | 82.35% 28 | 34 |
| Provide a 30-capsule supply and refer her to her doctor for further assessment. | 30.56% 11 | 55.56% 20 | 13.89% 5 | 36 |
| Provide a 60-capsule supply with no refills. | 52.78% 19 | 44.44% 16 | 2.78% 1 | 36 |
| Provide a 60-capsule supply with 1 refill. | 23.53% 8 | 50.00% 17 | 26.47% 9 | 34 |
| Provide a 60-capsule supply with 2 refills. | 11.43% 4 | 25.71% 9 | 62.86% 22 | 35 |



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



Question 2

- No one would refer but there was variation on how long to extend the prescription.
 - 0% - Preferred Option – Refer
 - 31% - Preferred Option – Provide a 30-capsule supply and refer
 - 53% - Preferred Option – 60 capsule NR
 - 24% - Preferred Option – 60 Capsule 1 Refill
 - 11% - Preferred Option – 60 Capsule 2 Refills

Comments

- Could be considered minor GERD and eligible for ongoing care as a minor ailment. Only gave 1 refill because more would likely expire.
- Would still discuss step down to H2RA
- 60 with 1 refill could last 6 months so I would limit to that. If she used more it could be a sign of changing disease and referral may be warranted.
- Comfortable with any option but 60 with 1 refill would likely cover at least 9 months
- 60 + 2 would likely expire
- As 60 has lasted at least 6 months for the past two fills I wouldn't give more than that. Would want to reassess if she was using more frequently. Step down to H2RA would be an appropriate option
- Given that 60 capsules is really a 180 days supply, I might give 30 with 1 refill.
- I would assess her interest in the Deprescribing Pilot Program that our pharmacy will be offering.