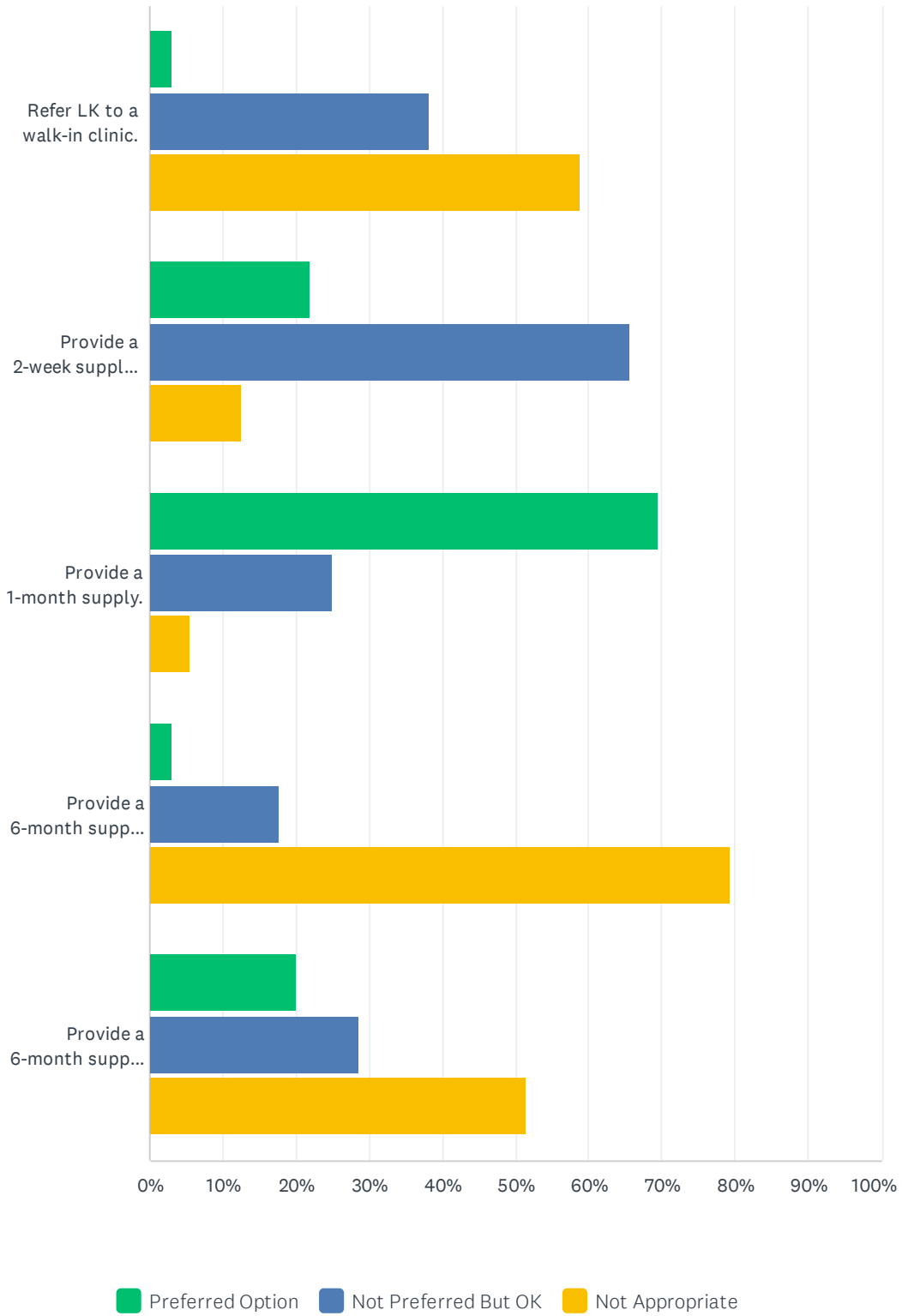


Q1 LK is a 14 yo male who is receiving methylphenidate 27 mg SR daily for ADHD. He has used this dose for the past 18 months and his mother has indicated that it has worked well, and she has noticed a significant improvement at home and at school. She notes no noticeable change in his appetite and he is sleeping well. He is 5'2" and weighs 115 lbs. His last prescription was for 180 tablets dispensed in 30-day intervals by his family doctor. How should the pharmacist proceed?

Answered: 37 Skipped: 0

Panel of Peers Survey - Oct 29, 2021



Panel of Peers Survey - Oct 29, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer LK to a walk-in clinic.	2.94% 1	38.24% 13	58.82% 20	34
Provide a 2-week supply and refer to his family doctor.	21.88% 7	65.63% 21	12.50% 4	32
Provide a 1-month supply.	69.44% 25	25.00% 9	5.56% 2	36
Provide a 6-month supply to be released in 30-day intervals with usual care.	2.94% 1	17.65% 6	79.41% 27	34
Provide a 6-month supply to be released in 30-day intervals and assess efficacy/tolerability with each refill.	20.00% 7	28.57% 10	51.43% 18	35



## Panel of Peers – Reflections From Select Panel Members Oct 29, 2021



### Question 1

- The group had quite a range of opinions on prescribing in this situation. There seems to be some misunderstanding regarding what we are allowed to prescribe:
  - Refer to a walk-in clinic – 59% Not Appropriate, 38% - Not Preferred by OK
  - Provide a 2-week supply and refer – 22% Preferred Option, 66% - Not Preferred but OK
  - Provide a 1-month supply – 69% Preferred Option, 25% - Not Preferred but OK
  - 6-month supply in 30-day intervals with U&C care – 79% Not Appropriate
  - 6-month supply in 30-day intervals and assess efficacy and tolerability at each fill – 20% Preferred Option, 29% Not Preferred but OK, 51% - Not Appropriate

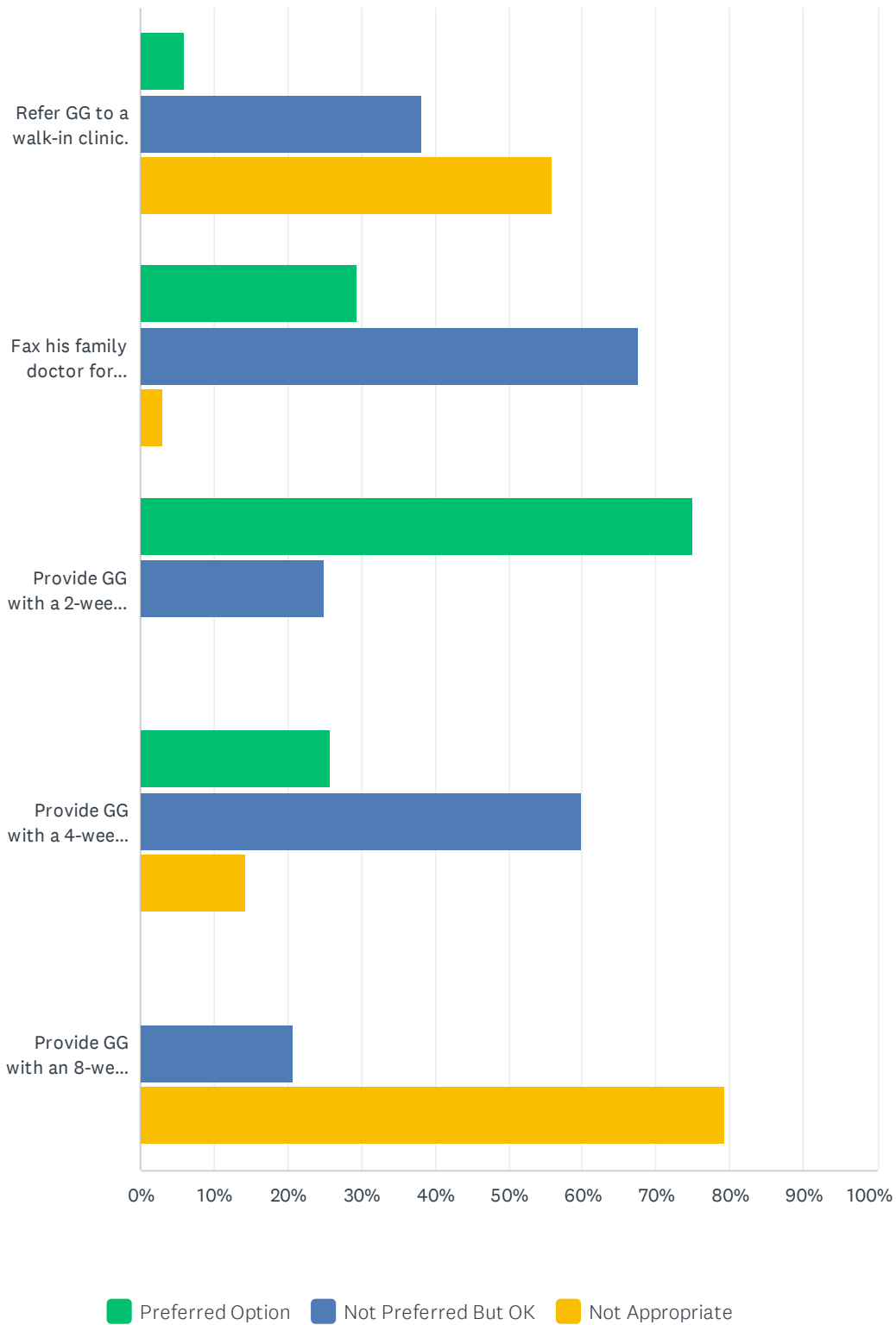
### Comments

- NSCP Standards state we cannot prescribe more than 30-days per prescription and given it is well tolerated and effective, it should be given for this amount.
- CDSA allow pharmacists to prescribe for controlled drugs for chronic conditions, but each prescription can be renewed for only 30 days. It can be renewed for another 30 days after that if it is still appropriate but only 30 days at a time
- Pretty sure the max you can prescribe is 30 days on the prescription. Can do this multiple times but can't exceed that on any 1 prescription.
- Can only prescribe for a maximum of 1 month per prescription. This will use up a patient's 4 limit Renewal maximum quickly.

Q2 GG is a 48 yo male taking Kadian for chronic back pain. His dose has been increased over the past 4 years by his family doctor and he is currently taking 200 mg per day. He indicates that he took his last dose this morning and he cannot see his family doctor for 2 weeks. He indicates that drug seems to help his pain for the most part. He normally gets 56 days total filled in weekly intervals. He reports no significant adverse effects. How should a pharmacist proceed?

Answered: 37 Skipped: 0

Panel of Peers Survey - Oct 29, 2021



Panel of Peers Survey - Oct 29, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer GG to a walk-in clinic.	5.88% 2	38.24% 13	55.88% 19	34
Fax his family doctor for refills.	29.41% 10	67.65% 23	2.94% 1	34
Provide GG with a 2-week supply (filled in weekly intervals) and refer to his family doctor	75.00% 27	25.00% 9	0.00% 0	36
Provide GG with a 4-week supply (filled in weekly intervals) and refer to his family doctor	25.71% 9	60.00% 21	14.29% 5	35
Provide GG with an 8-week supply (filled in weekly intervals)	0.00% 0	20.59% 7	79.41% 27	34



## Panel of Peers – Reflections From Select Panel Members Oct 29, 2021



### Question 2

- The group was focused on 3 main options:
  - Provide 2-week supply (weekly fills) and refer – 75% - Preferred Option, 25% - Not Preferred but OK
  - Fax doctor for refills 29% - Preferred Option, 68% - Not Preferred but OK
  - Provide a 4-week supply (weekly fills) – 26% - Preferred Option, 60% - Not Preferred but OK

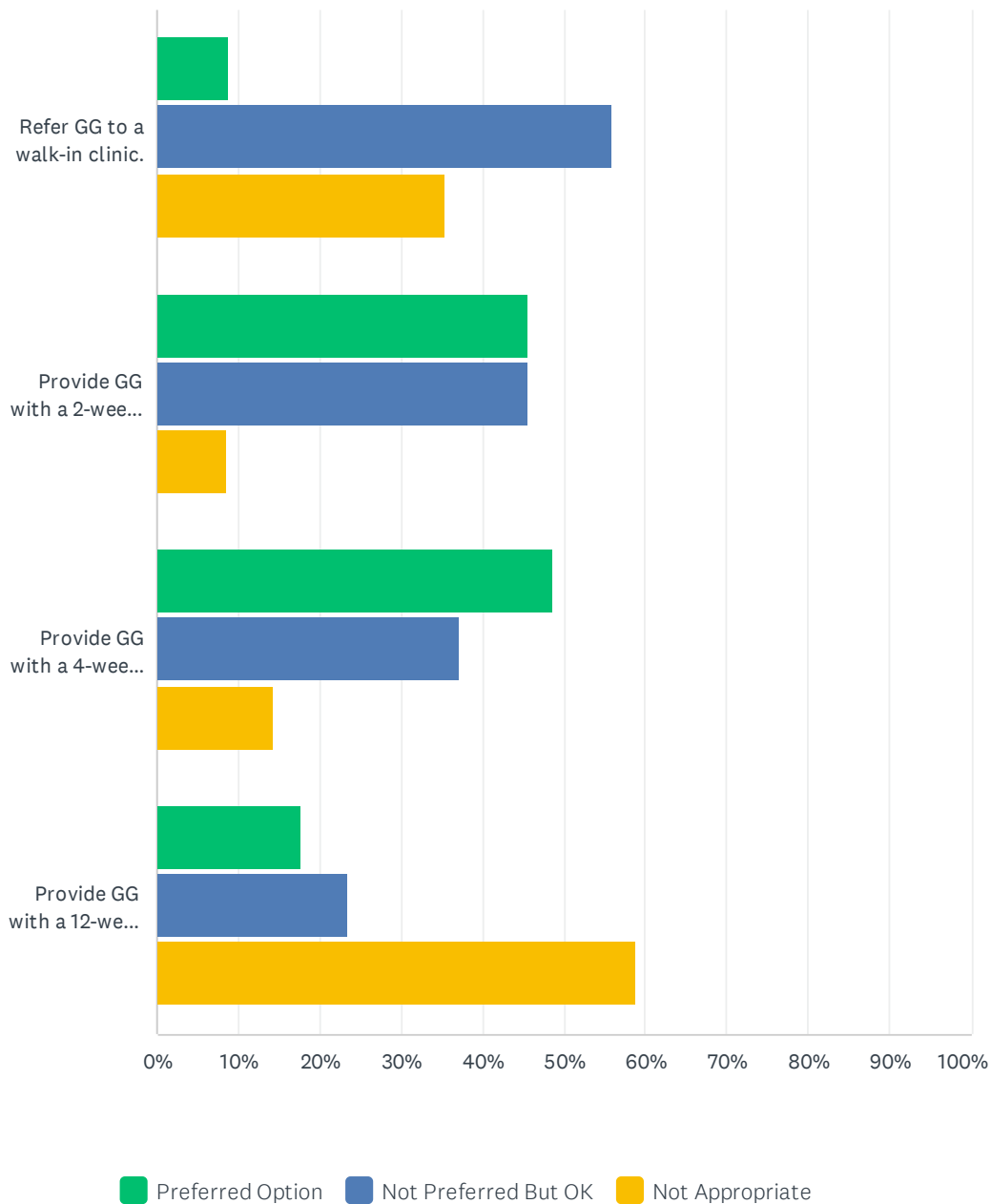
### Comments

- Prescription could be renewed for up to 30 days as this is for chronic pain and would give weekly fills.
- The therapy is chronic and can be renewed. The dose is above the recommended maximum and sometimes that may be okay. Preferred option to give a 2-week supply and reassess with MD.
- Would continue the therapy as it is a chronic treatment, and a walk-in clinic would not have more relevant information. The dose is higher than I would be comfortable prescribing but I would not decrease the dose so I would give a 2-week supply in weekly intervals.



Q3 GG is a 48 yo male taking Kadian for chronic back pain. His dose has been increased over the past 4 years by his family doctor and he is currently taking 200 mg per day. HIS FAMILY DOCTOR RETIRED LAST MONTH. He indicates that he took his last dose this morning. He indicates that drug seems to help his pain for the most part. His last fill from his family doctor was for 84 days total filled in weekly intervals. He reports no significant adverse effects. How should a pharmacist proceed?

Answered: 36 Skipped: 1



Panel of Peers Survey - Oct 29, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer GG to a walk-in clinic.	8.82% 3	55.88% 19	35.29% 12	34
Provide GG with a 2-week supply (filled in weekly intervals) and refer to a walk-in clinic.	45.71% 16	45.71% 16	8.57% 3	35
Provide GG with a 4-week supply (filled in weekly intervals)	48.57% 17	37.14% 13	14.29% 5	35
Provide GG with a 12-week supply (filled in weekly intervals)	17.65% 6	23.53% 8	58.82% 20	34



## Panel of Peers – Reflections From Select Panel Members Oct 29, 2021



### Question 3

The group was split on this situation and again there is some misunderstanding on the limits for controlled drug prescribing.

- Provide a 2-week supply (weekly intervals) and refer to a walk-in - 46% - Preferred Option, 46% - Not Preferred but OK,
- Provide a 4-week supply with weekly intervals 49% Preferred Option – 37% - Not Preferred but OK
- Provide a 12-week supply with weekly intervals – 18% Preferred Option – 24% - Not Preferred but OK (**THIS EXCEEDS MAXIMUM 30 DAYS SUPPLY ALLOWED IN NOVA SCOTIA**)

### Comments

- I would treat this the same if he had a physician or not. If the therapy was appropriate and there were no red flags, I would continue the therapy.
- We have an unattached patient taking morphine at doses higher than the 90 mg recommended maximum. Patient should have a second medical opinion now that they don't have a family doctor. The pharmacist cannot be a primary care provider for opioid prescribing, so the patient needs to get a NP or MD ASAP.
- A maximum of 30 days is all that is allowed under current provisions
- I would likely pull my hair out wondering why the patient waited until his last pill to do anything about his medication when he knew his doctor retired.
- The pharmacist should be well-trained on all aspects of pain/treatment/dependence/addiction with full rights to order relevant tests if this is going to be a long-term solution. Renewal assessments and renewal fees are not a substitute for chronic pain management.
- Many physicians would not be comfortable continuing this regimen at this dose.