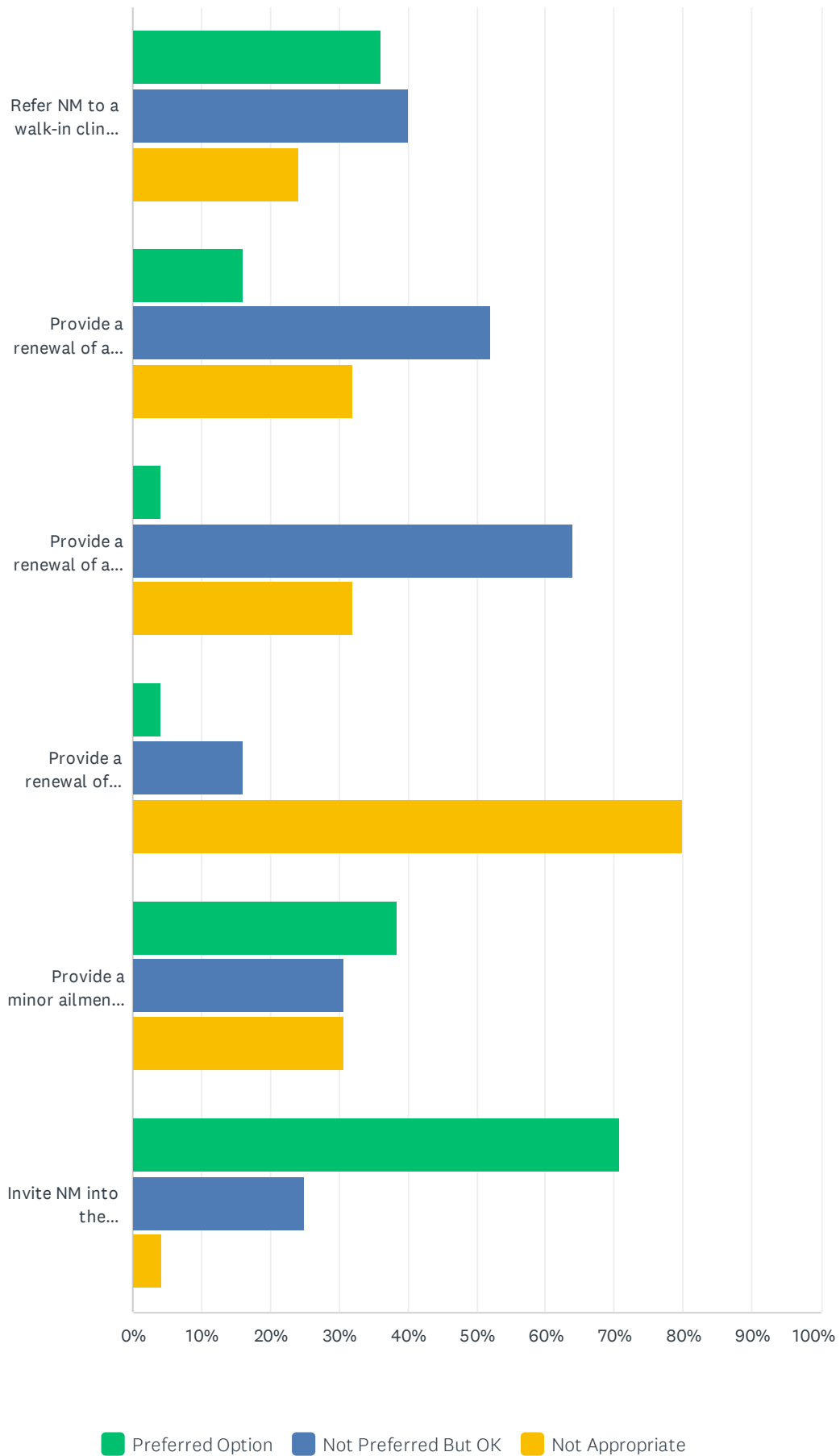


Q1 (Your submission) NM is a 52 yo female who had taken zopiclone 15 mg hs for years for insomnia. Her sleep had improved significantly with no reported adverse effects. She recently went to a walk-in clinic where the physician switched her to Dayvigo to wean her off zopiclone. She does not have a family doctor. She calls the pharmacy because Dayvigo hasn't worked as well as zopiclone and she hasn't slept well in the past 3 weeks.

She would like a refill of her zopiclone. Her current prescription for Dayvigo is for 30 days with 5 refills. Her last prescription for zopiclone was for 30 days with 5 refills but it was inactivated (Copied) when she switched to Dayvigo. How should a pharmacist respond?

Answered: 26 Skipped: 0

Panel of Peers Survey - Nov 5, 2021



Panel of Peers Survey - Nov 5, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer NM to a walk-in clinic to be assessed for a switch.	36.00% 9	40.00% 10	24.00% 6	25
Provide a renewal of a 30-day supply of zopiclone 7.5 mg at her previous dose of 15 mg hs.	16.00% 4	52.00% 13	32.00% 8	25
Provide a renewal of a 30-day supply of zopiclone 7.5 mg at a dose of 7.5 mg hs.	4.00% 1	64.00% 16	32.00% 8	25
Provide a renewal of 30-day supply of zopiclone 7.5 mg with 5 refills at her previous dose of 15 mg hs.	4.00% 1	16.00% 4	80.00% 20	25
Provide a minor ailment prescription of a 30-day supply of zopiclone 7.5 mg at a dose of 1-2 tablets hs with 2 refills.	38.46% 10	30.77% 8	30.77% 8	26
Invite NM into the deprescribing pilot program at your pharmacy to see if she can manager her sleep without medication.	70.83% 17	25.00% 6	4.17% 1	24



Panel of Peers – Reflections From Select Panel Members Nov 5, 2021



Question 1

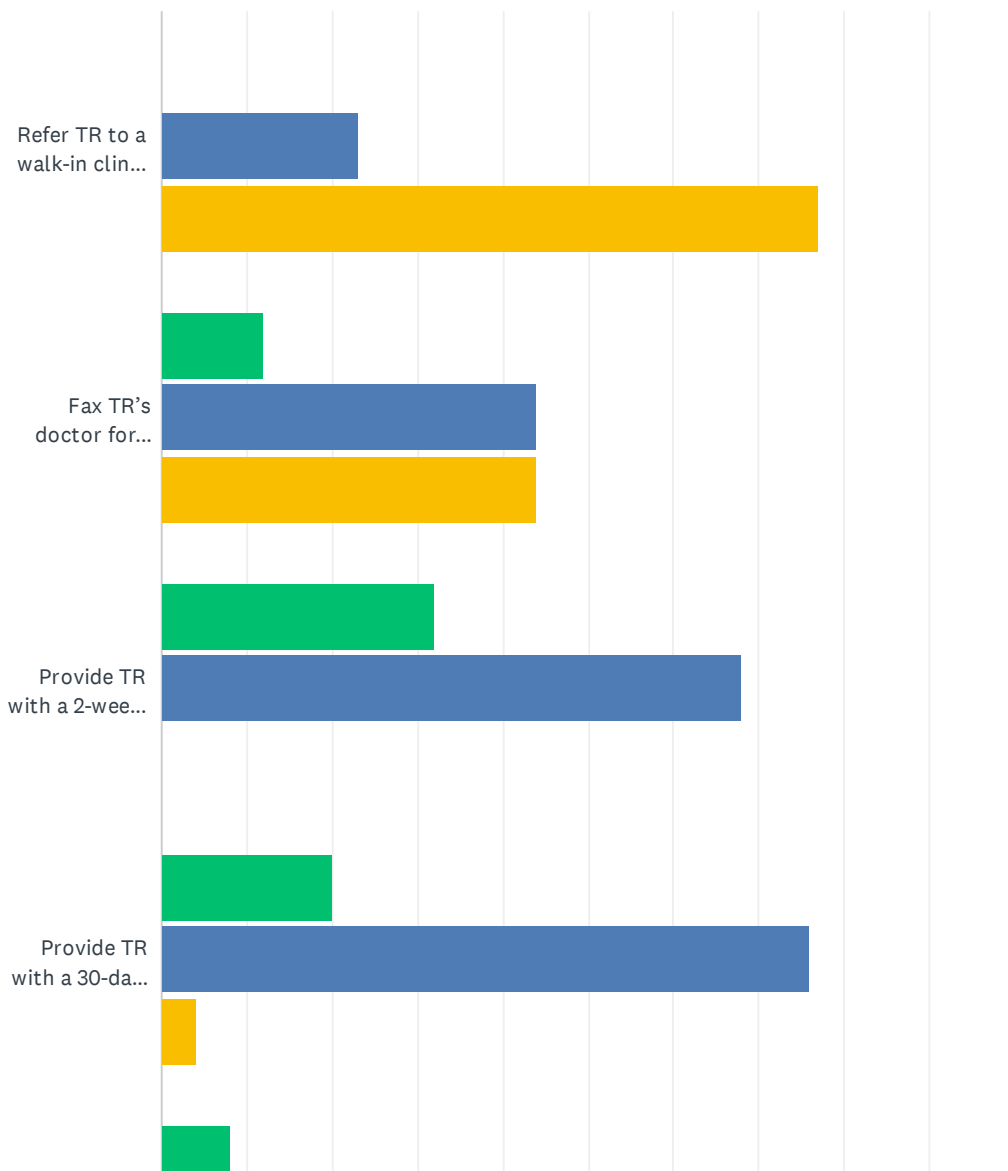
- The group had varying opinions on the appropriate course of action.:
 - Invite her into the deprescribing program – 71% Preferred Option. Strong support although most likely not accepted at this time.
 - Provide a 30-day supply of 7.5 mg of zopiclone 1-2 hs with 2 refills as a Minor Ailment – 38% Preferred Option BUT 31% stated Not Appropriate
 - Refer to a walk-in clinic for the switch – 36% - Preferred option BUT 24% Not Appropriate
 - Renew her old zopiclone dose for 6 months – 80% - Not Appropriate

Comments

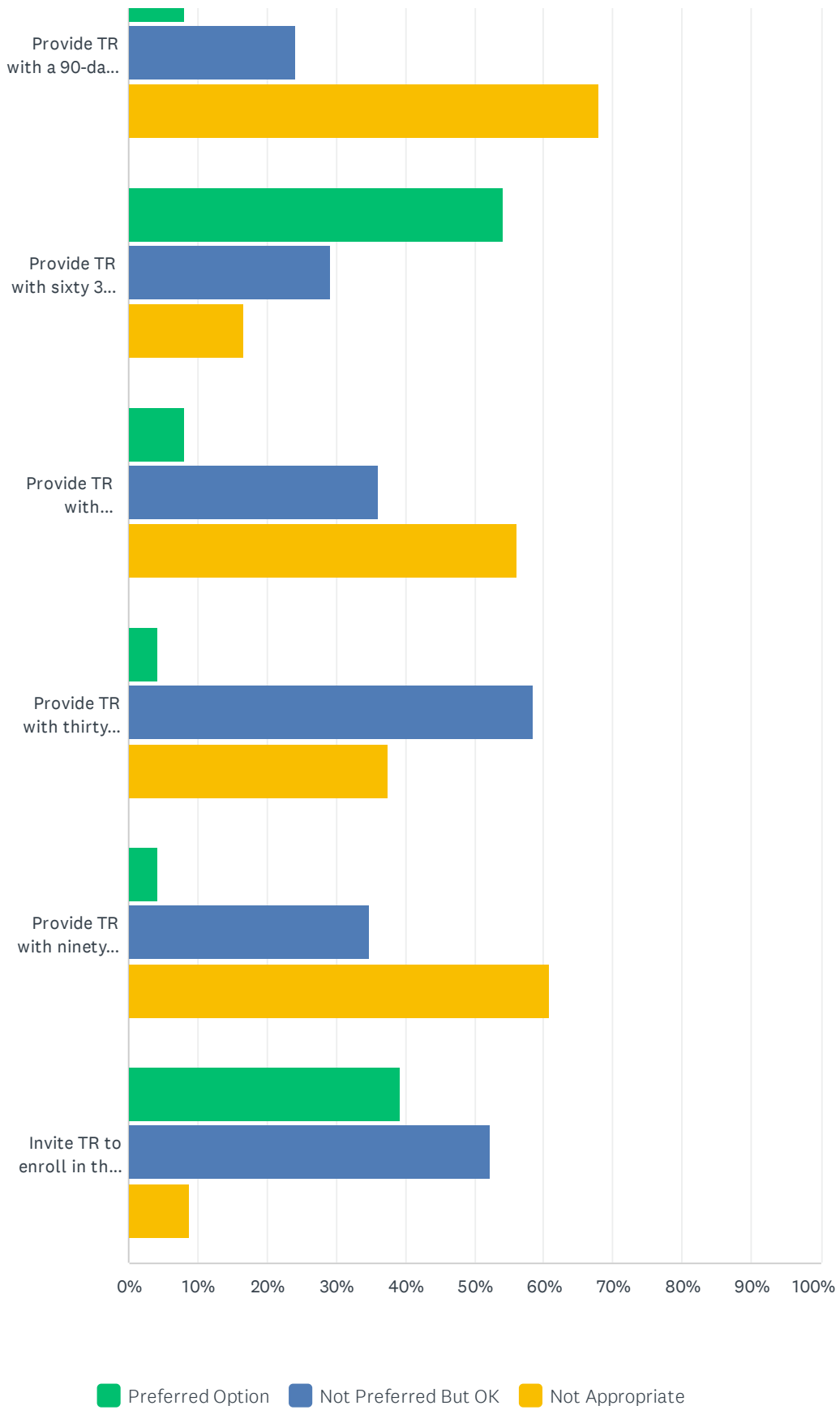
- Deprescribing is a great option although it may not be appealing given Dayvigo didn't work.
- Another HCP provider switched the therapy due to concerns with long term use, so I would refer back to that physician. If not an option I would renew at 7.5 mg rather than 15 mg and reassess by another provider.
- This is chronic insomnia so wouldn't fall in the scope of Minor Ailments. Therapeutic sub back to the original zopiclone may not be the most appropriate long term treatment strategy even though she had been on it for years and that's what she wants. I would refer back for proper sleep assessment and treatment plan which again is beyond minor ailments.
- All options could be considered although not sure her zopiclone history meets the criteria of minor sleep disorder. It doesn't seem like the switch was done in a way for her to have success (e.g. taper).
- Sleep concerns requiring Dayvigo or 15 mg zopiclone would not constitute minor sleep disorder

Q2 (Your submission) TR is a 38 yo female that has been taking venlafaxine 150 mg for anxiety for years. Over the last year it was tapered down to 75 mg, and she was taking it regularly for about 1 year. She is looking for a refill, but she ran out. Her last fill for a 90-day supply was 200 days ago. She indicates she was trying to taper it further but was struggling with withdrawal symptoms. She says her anxiety has been well-controlled as she has been using other measures to address it and she wants to stop it. The earliest she could see her doctor is sometime late next week, but she is out of capsules, and would like another refill due to withdrawal symptoms. Her last prescription was for a 90-day supply with a refill. How should a pharmacist respond?

Answered: 26 Skipped: 0



Panel of Peers Survey - Nov 5, 2021



Panel of Peers Survey - Nov 5, 2021

	PREFERRED OPTION	NOT PREFERRED BUT OK	NOT APPROPRIATE	TOTAL
Refer TR to a walk-in clinic for a dose assessment.	0.00% 0	23.08% 6	76.92% 20	26
Fax TR's doctor for refills explaining the situation.	12.00% 3	44.00% 11	44.00% 11	25
Provide TR with a 2-week supply of 75 mg until her dose can be reassessed by her doctor.	32.00% 8	68.00% 17	0.00% 0	25
Provide TR with a 30-day supply of 75 mg until her dose can be reassessed by her doctor.	20.00% 5	76.00% 19	4.00% 1	25
Provide TR with a 90-day supply of 75 mg with 1 refill.	8.00% 2	24.00% 6	68.00% 17	25
Provide TR with sixty 37.5 mg capsules dose take 1-2 capsules prn and reassess with her physician.	54.17% 13	29.17% 7	16.67% 4	24
Provide TR with one-hundred eighty 37.5 mg capsules dose take 1-2 capsules prn and reassess with her doctor	8.00% 2	36.00% 9	56.00% 14	25
Provide TR with thirty 37.5 mg capsules, dose take 1 capsule once daily and reassess with her physician.	4.17% 1	58.33% 14	37.50% 9	24
Provide TR with ninety 37.5 mg capsules dose take 1 capsule once daily.	4.35% 1	34.78% 8	60.87% 14	23
Invite TR to enroll in the Bloom Program	39.13% 9	52.17% 12	8.70% 2	23



Panel of Peers – Reflections From Select Panel Members Nov 5, 2021



Question 2

- The group was focused on 3 main options:
 - Provide sixty 37.5 mg capsules – 1-2 od prn and refer – 54% - Preferred Option
 - 2-week supply of 75 mg capsules and refer – 32% - Preferred Option
 - 30-day supply of 75 mg capsules and refer – 20% - Preferred Option
 - Unfavourable
 - Refer to a walk-in clinic – 77% Not Appropriate
 - Provide 90-days of 75 mg with a refill – 68% Not Appropriate
 - Fax the doctor – 44% Not Appropriate
 - 39% Invite into Bloom

Comments

- I think it would be clinically appropriate to give 37.5 mg capsules for a shorter duration to give the patient flexibility to wean off and refer.
- While all prescribing options are reasonable, I would prefer to give 37.5 mg capsules
- Patient should be reassessed by physician for appropriate discontinuation plan and monitor relapse.
- Would need to clarify if she was taking 75 mg capsules but not every day or opening and taking half.
- MD started the taper but unsure if they intended to discontinue. I would give 37.5 mg capsules to allow for flexibility but refer to her physician.