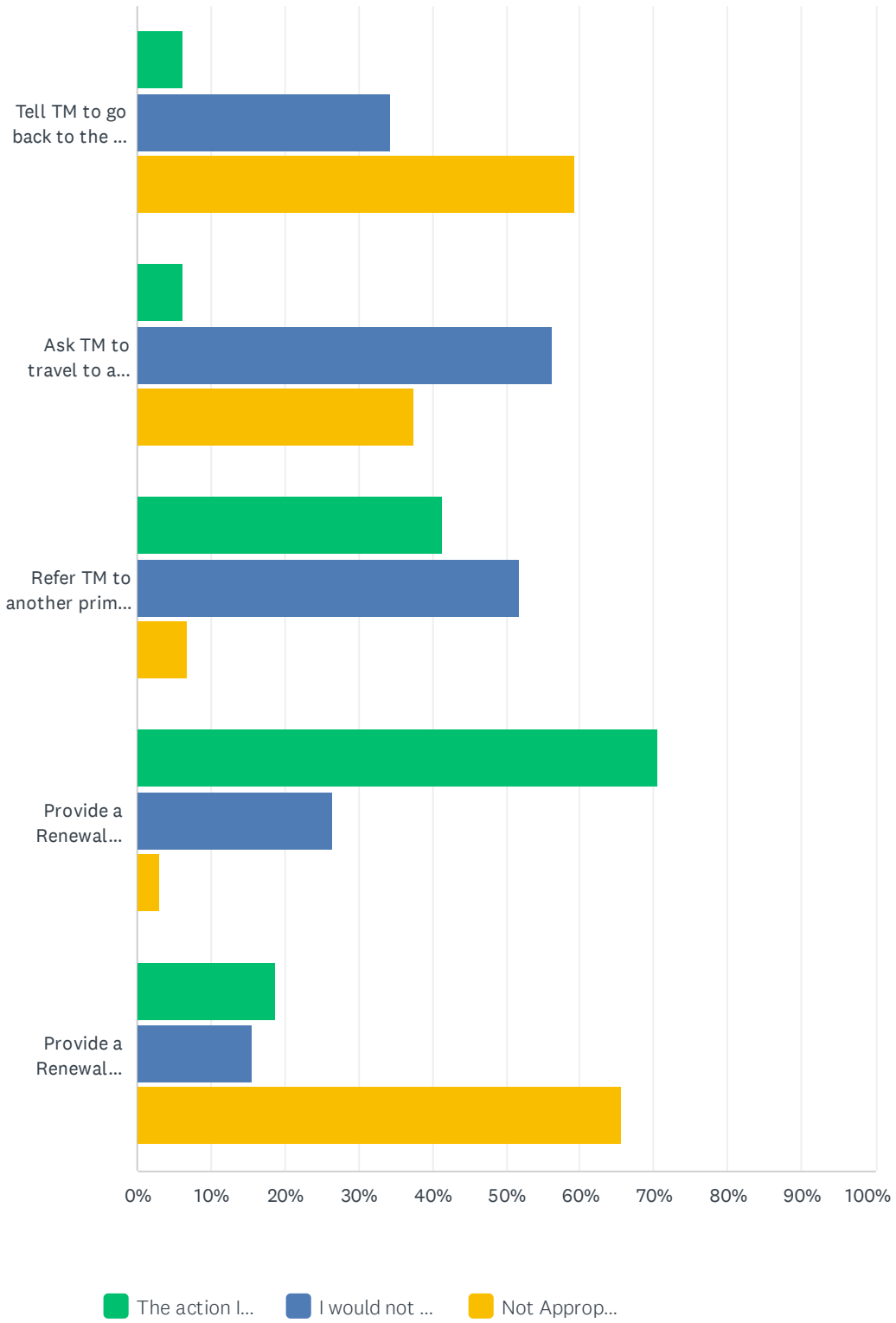


Q1 (YOUR SUBMISSION) TM is a 30 yo male requesting renewal of lorazepam 1 mg once daily prn (2-5x/week) for the treatment of Generalized Anxiety Disorder with panic disorder. He has tried sertraline & another SSRI (he does not recall the name) several years prior and they were discontinued due to side effects (fatigue, sexual dysfunction). TM travels yearly for work (musician) overseas in Europe for months at a time. TM usually gets a 100-tablet supply which seems to last about 1 year. TM is leaving in two weeks. TM's family doctor retired several months ago. TM went to the ER yesterday as there is no walk-in clinic in the community. After 12 hours, the nurse suggested he leave as he would not be seen within the next 12 hours. How should a pharmacist respond?

Answered: 34 Skipped: 1

Panel of Peers Survey - Dec 10, 2021



Panel of Peers Survey - Dec 10, 2021

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Tell TM to go back to the ER as you cannot prescribe more than 20 tablets at a time.	6.25% 2	34.38% 11	59.38% 19	32
Ask TM to travel to a distant walk-in clinic as it would be faster than waiting 24 hours at the ER.	6.25% 2	56.25% 18	37.50% 12	32
Refer TM to another primary care provider (e.g., walk-in, virtual, ER) for additional therapy if he needs 2-5 lorazepam per week.	41.38% 12	51.72% 15	6.90% 2	29
Provide a Renewal Prescription for 20 tablets and refer the patient for a longer duration of therapy.	70.59% 24	26.47% 9	2.94% 1	34
Provide a Renewal Prescription for a 100-tablet supply given the extenuating circumstances.	18.75% 6	15.63% 5	65.63% 21	32



## Panel of Peers – Reflections From Select Panel Members Nov 12, 2021



### Question 1

- Most of the pharmacists felt that prescribing an interim quantity of 20 tablets or referring to another healthcare provider other than the ER was the best option. Referring to the ER or prescribing more than our allowable 1-month supply were the two options that people felt were not appropriate. Most pharmacists thought it was okay to refer TM for supplemental therapy to decrease the frequency of his anxiety/panic.
  - Tell TM to go back to the ER – 6.25% Action I would take, 59% Not appropriate
  - Provide a renewal for 20 and refer for additional – 71% Action I would take, 3% - Not appropriate
  - Provide a 100-tablet supply – 19% Action I would take, 66% - Not appropriate
  - Refer for supplemental therapy – 41% Action I would take, 52% I wouldn't take this action but it would be okay if a pharmacist did so.

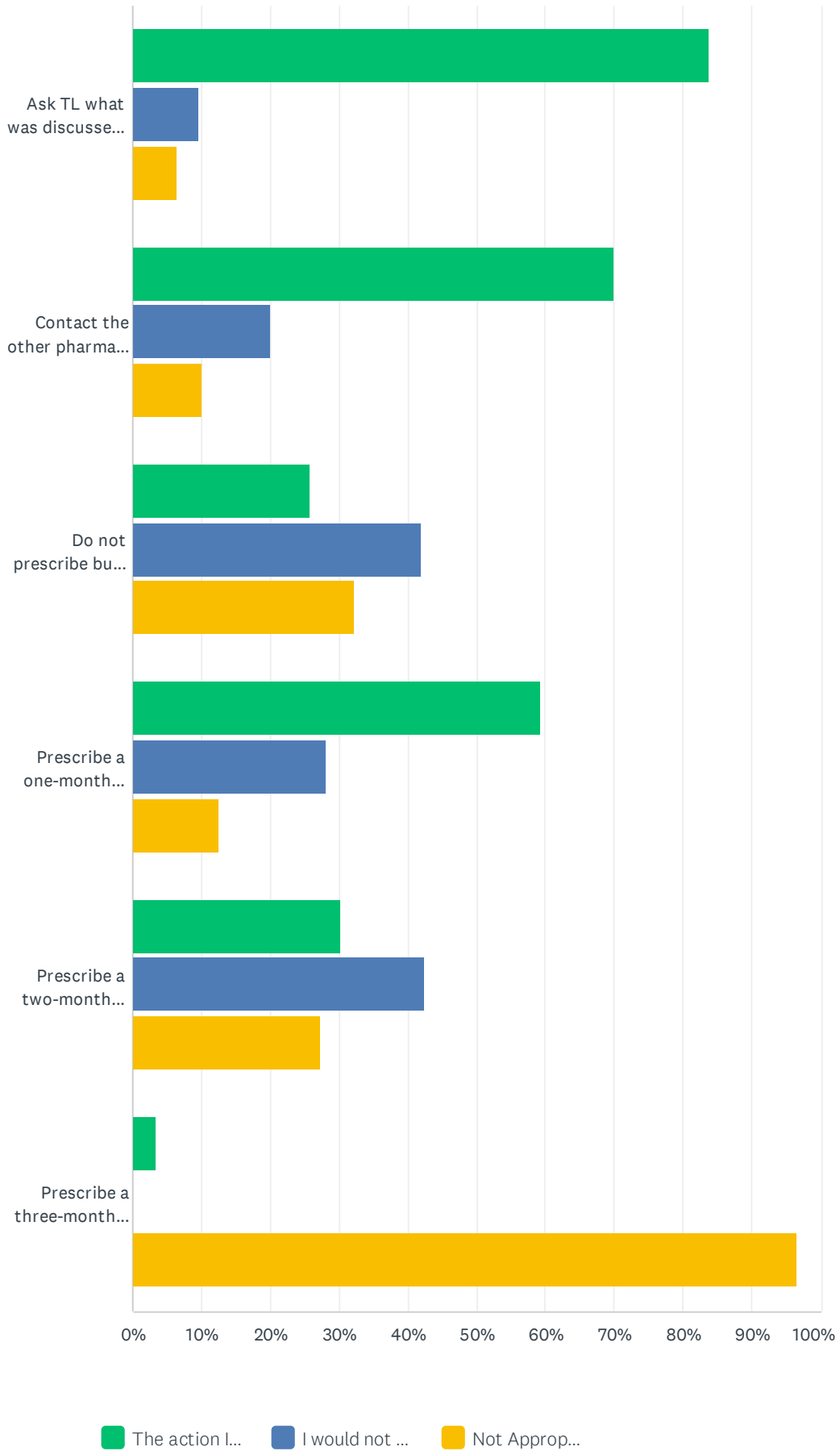
### Comments

- The standards of practice indicate we can only give a 30-day supply of controlled drugs. Given his pattern of use I would be okay with prescribing 20 but not 100.
- The original prescription was written for 1/day. This would be an established medical need and he is not using it in appropriately.
- If the patient has episodes of anxiety/panic 2-5 times a week, his quality of life could be much better. He should be informed that some of the other antidepressants may be better tolerated than the ones he has tried, and he could live a life where he has lorazepam but doesn't need it. If he's travelling in 2-weeks this may not be the best time to start new therapy.
- The Standards state we can prescribe 30-days of controlled substances at one time. Given the sig we could go up to 30 tablets. Exceeding this because the patient it would be inconvenient to go to a virtual/walk-in care/ER provider not appropriate.

Q2 (YOUR SUBMISSION) TL is a 42 yo female who presents to your pharmacy asking for a renewal for her Synthroid®. She has never been to your pharmacy before. She reports no signs of hyper/hypothyroidism. The rest of her medical background is unremarkable. You check the Drug Information System and see that in the past she had a prescription for 3 months with 3 refills but her last fill was for a two-month supply prescribed by pharmacist at another pharmacy two months ago. It appears that the other pharmacy is her regular pharmacy. You check SHARE and see that the last TSH was two years ago. How should a pharmacist respond? You can choose more than one.

Answered: 35 Skipped: 0

Panel of Peers Survey - Dec 10, 2021



Panel of Peers Survey - Dec 10, 2021

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Ask TL what was discussed when the pharmacist prescribed the two-month fill last time.	83.87% 26	9.68% 3	6.45% 2	31
Contact the other pharmacy to discuss the details of the previous prescription.	70.00% 21	20.00% 6	10.00% 3	30
Do not prescribe but refer TL to a prescriber who can authorize blood work.	25.81% 8	41.94% 13	32.26% 10	31
Prescribe a one-month supply of the medication and refer.	59.38% 19	28.13% 9	12.50% 4	32
Prescribe a two-month supply of the medication and refer.	30.30% 10	42.42% 14	27.27% 9	33
Prescribe a three-month supply of the medication with a refill.	3.33% 1	0.00% 0	96.67% 29	30



## Panel of Peers – Reflections From Select Panel Members Nov 12, 2021



### Question 2

- Most of the pharmacists would ask the patient what happened during their last prescription or would call the prescriber from the last prescription. Some would take a harder approach that they would not renew it because it has already been renewed without blood work and the patient could avoid a necessary assessment by prescriber shopping. Most would prescribe a 1-2-month supply and refer for blood work. Almost universal agreement that it would not be appropriate to give 3-months and a refill (there's always one outlier!)
  - Talk to the patient about previous assessment – 84% Action I would take
  - Contact the previous prescriber – 70% Action I would take
  - Refer now – 25% Action I would take, 32% - Not appropriate
  - Prescribe 1-month supply – 59% Action I would take
  - Prescribe 2-month supply – 30% Action I would take
  - Prescribe 3-months and refill – 97% Not appropriate

### Comments

- If it's Christmas I may prescribe longer to allow time for referral
- I would be comfortable extending for 2-months or even longer if the patient was not symptomatic and there may be a problem getting access to a prescriber who can order blood work even within 2 months.
- Probably give 2-months because getting an appointment in 1-month may be hard
- Probably give 2-months depending on access to alternate provider