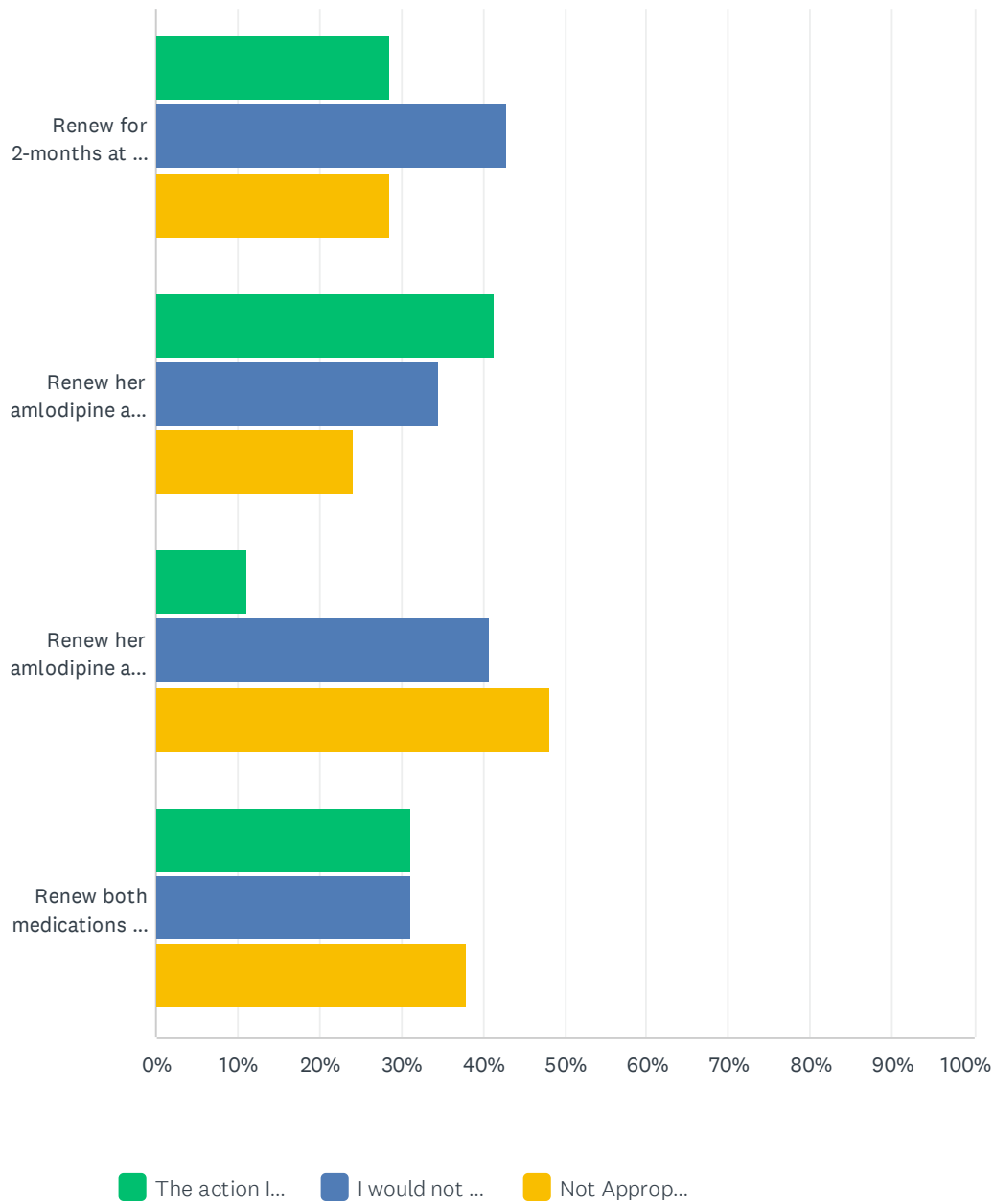


Q1 MJ is a 69 yo female with hypertension. She is looking for a refill on her metoprolol and amlodipine but she has none. Her therapy is metoprolol 25 mg ONCE daily and amlodipine 5 mg once daily. She has been taking this for 2 years. She takes both medication first thing in the morning. Her last prescription was for 90 days with 1 refill. She does not have an appointment with her family doctor. The rest of her medical background is unremarkable. You check her blood pressure at today at noon and it is 135/88. She doesn't check her blood pressure at home. How should a pharmacist proceed?

Answered: 33 Skipped: 0

Panel of Peers Survey - Dec 24, 2021



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Renew for 2-months at the current dose and refer to her doctor to reassess dosing of metoprolol.	28.57% 8	42.86% 12	28.57% 8	28
Renew her amlodipine as is for 6 months but adapt her metoprolol to 12.5 mg bid for 1 month and refer to her family doctor.	41.38% 12	34.48% 10	24.14% 7	29
Renew her amlodipine as is and metoprolol at 12.5 mg bid for 3-months and a refill.	11.11% 3	40.74% 11	48.15% 13	27
Renew both medications as before for 3-months and a refill	31.03% 9	31.03% 9	37.93% 11	29



Panel of Peers – Reflections From Select Panel Members Dec 24, 2021



Question 1

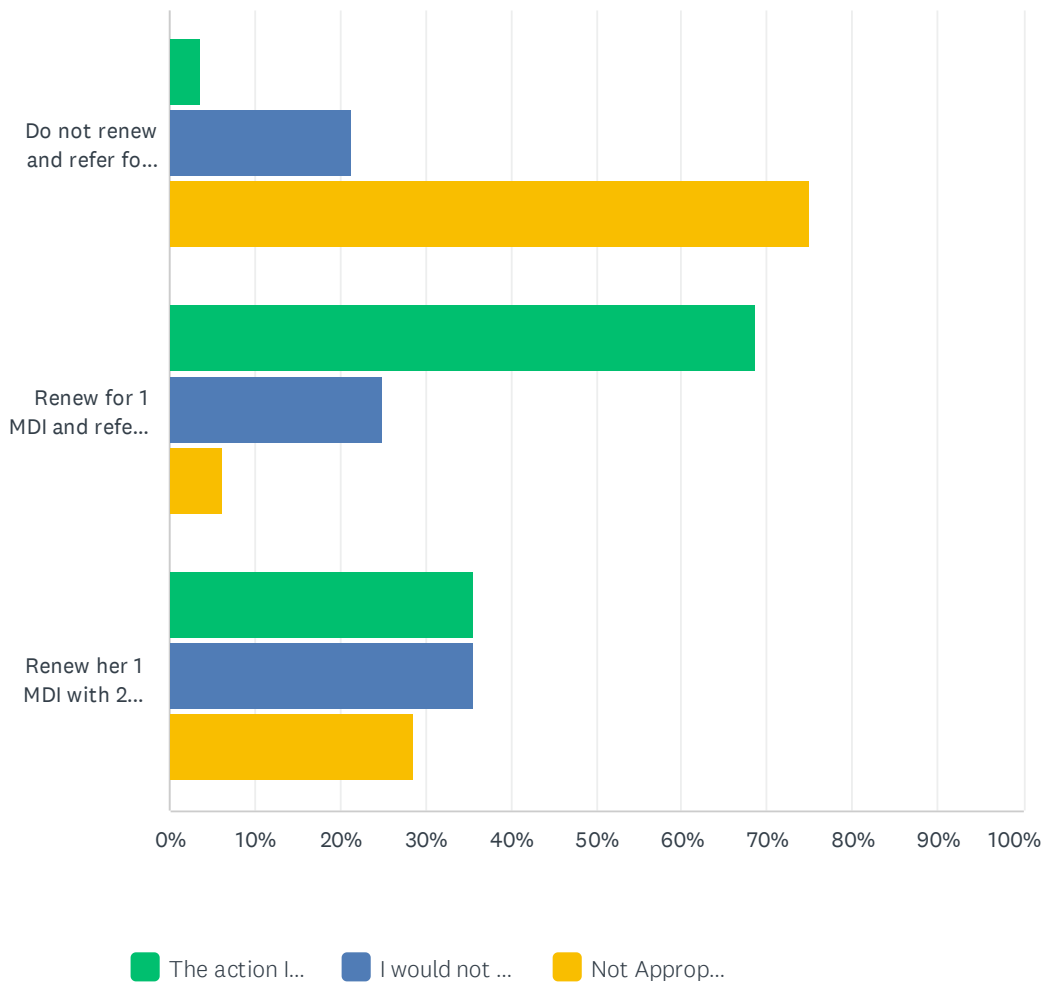
- Very different opinions from the respondents:
 - Renew at the current dose and refer for MD to address metoprolol dose – equal numbers said this is the action I would take and not appropriate (29%)
 - Renew for 1 month but change the metoprolol dose to 12.5 bid – 41% Action they would take but 24% indicated Not Appropriate
 - Renew adapted dose of metoprolol for 6 months – less popular – 11% Action they would take 48% Not appropriate
 - Renew both as is for 3 months and a refill – 31% Action I would take, 38% Not appropriate

Comments

- BP not quite at target so perhaps splitting dose could provide better coverage at noon
- Would want to know the history of why it was given once daily. If compliance is a problem perhaps a once daily beta blocker would be more appropriate. Given her age, assess if beta blocker is ideal although she is on combination therapy.
- I would consider faxing the doctor to see if once daily dosing was given for compliance reasons
- Once daily dosing of metoprolol should have been addressed on dispensing therapeutic check two years ago. See if there was note on file. Half-life is really short. She may end up with very little drug for several hours. Would need a compelling reason to treat this way otherwise bid or alternative beta blocker seems warranted.

Q2 KP is a 26 yo male with asthma. He is currently taking salbutamol 1-2 puffs qid prn. He runs out of refills and requests a renewal. He has a family doctor. He has a drug plan. He currently is averaging 1 MDI every two months. His last prescription was for 1 inhaler plus 5 refills. He reports no other symptoms other than some SOB and wheeze which responds well to his salbutamol. The rest of his medical history is unremarkable. How should a pharmacist respond?

Answered: 33 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Do not renew and refer for asthma control/prevention therapy.	3.57% 1	21.43% 6	75.00% 21	28
Renew for 1 MDI and refer for asthma control/prevention therapy.	68.75% 22	25.00% 8	6.25% 2	32
Renew her 1 MDI with 2 refills (6-months)	35.71% 10	35.71% 10	28.57% 8	28



Panel of Peers – Reflections From Select Panel Members Dec 24, 2021



Question 2

- Fairly consistent approach to continue therapy with most recommending referral for steroid for prevention.:
 - Do not renew – 75% Not appropriate
 - Renew for 1 MDI and refer for prevention therapy – 69% Action I would take, 6% - Not appropriate
 - Renew with 1 month and 2 refills – 36% Action I would take – 29% Not Appropriate

Comments

- Based on usage, steroid would be warranted.
- Not well-controlled assuming he's not using regularly to avoid exercise-induced asthma. Ideally it would be nice to have an in-depth conversation about prevention and provide a recommendation to the physician.
- As much as we want the patient to have good control and reduce rescue inhaler use, withholding is not a good option.
- It would be important to have a conversation with the patient about symptoms that prompt the use of the rescue inhaler and potential value additional therapy to avoid regularly experiencing those symptoms.