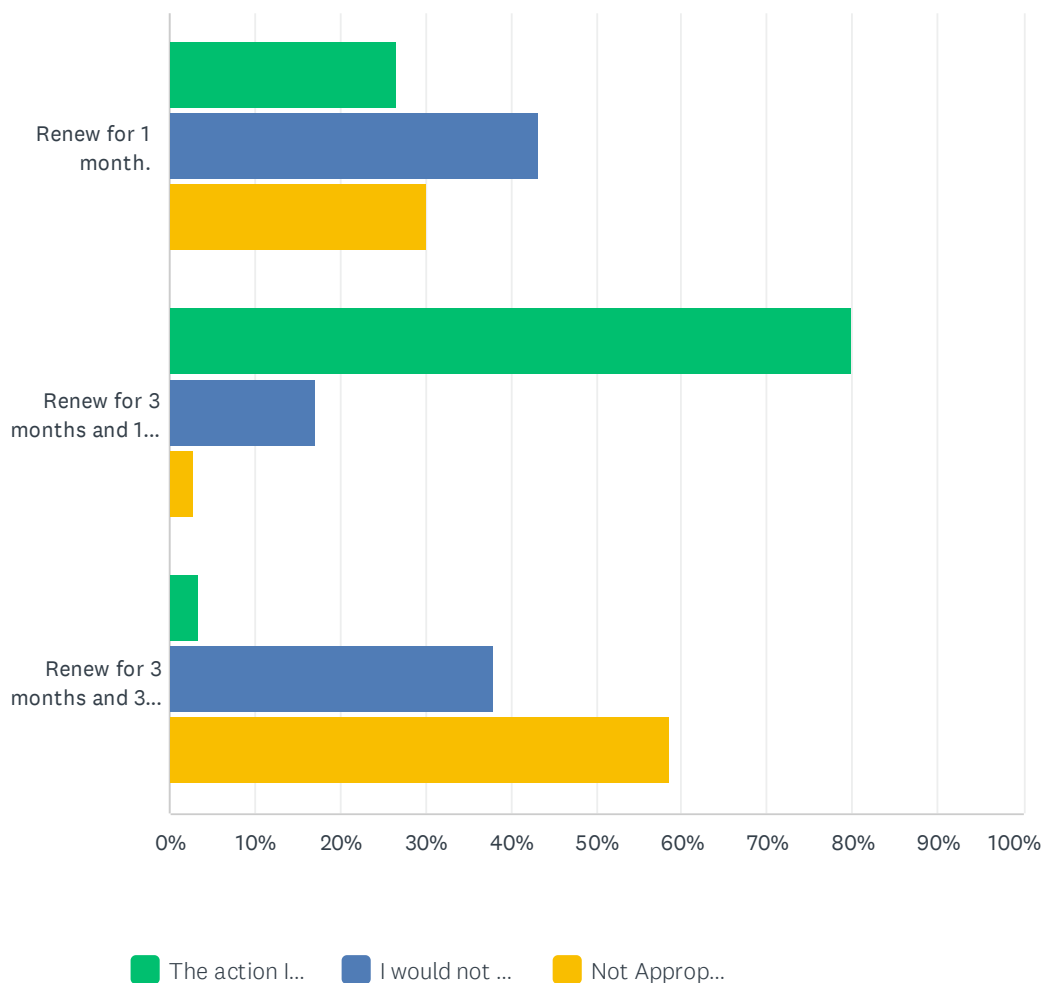


Q1 It is now past Jan 1, 2022 and the updated prescribing standards are in effect. KL is a 53 yo female with hypertension. She requests a renewal on her amlodipine. She has been taking it for 4 years at a consistent dose of 5 mg. Her last prescription was for 3 months and 3 refills. Her BP is 123/81 and that is typical based on her home blood pressure results. She indicates she has an appointment with her physician in 3 weeks. She says it is in-person appointment, but with COVID-19, she was warned it may be switched to virtual. She reports no side effects with amlodipine. The rest of her medical background is unremarkable. How should a pharmacist respond?

Answered: 37 Skipped: 0



Panel of Peers Survey - January 7, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Renew for 1 month.	26.67% 8	43.33% 13	30.00% 9	30
Renew for 3 months and 1 refill.	80.00% 28	17.14% 6	2.86% 1	35
Renew for 3 months and 3 refills.	3.45% 1	37.93% 11	58.62% 17	29



## Panel of Peers – Reflections From Select Panel Members Jan 7, 2022



### Question 1

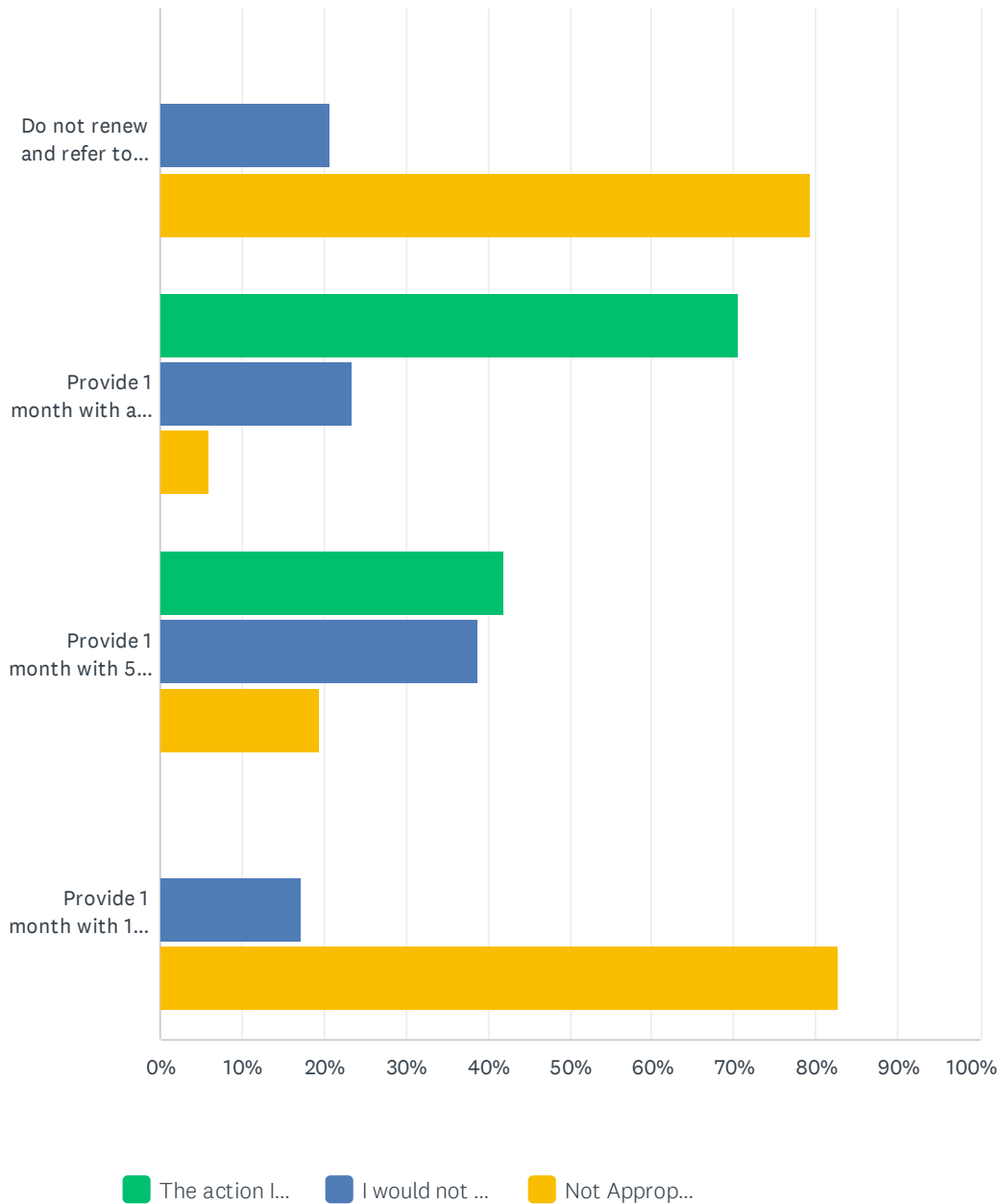
- Varying opinions in this situation. It's difficult to determine if people knew about the changes in the Standards Jan 1, 2022:
  - Renew for 1 month – 27% Action I would take, 30% Not appropriate
  - Renew for 3 months and 1 refill – 80% Action I would take, 3% Not appropriate
  - Renew for 3 months and 3 refills – 3% Action I would take, 59% Not appropriate

### Comments

- I would ask her to come in for an in-person blood pressure measurement and make a note to check in person at the time of refills and/or ask the patient to provide the results of her home monitoring. I would carefully review adverse effects, when to contact us due to BP results and/or adverse events.
- We could prescribe whatever amount we prefer. With the change in the Standards and Pharmacare Agreement, we may only get paid if we bill 3 months and 3 refills if there is no clinical reason to give a shorter day supply.

Q2 LL is a 63 yo male with primary open angle glaucoma. He is currently taking latanoprost 1 gtt ou hs. He has been taking this for the past 6 years. He indicates that the therapy seems to be working well because at his annual check-ups his ophthalmologist indicates his pressure is good and his retina looks fine. He reports no visual disturbances, eye irritation or pain. His last appointment was one year ago when he received a prescription for 1 bottle with 12 refills. How should a pharmacist respond?

Answered: 37 Skipped: 0



Panel of Peers Survey - January 7, 2022

	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 to his ophthalmologist.	0.00% 0	20.69% 6	79.31% 23	29
Provide 1 month with a refill and refer.	70.59% 24	23.53% 8	5.88% 2	34
Provide 1 month with 5 refills.	41.94% 13	38.71% 12	19.35% 6	31
Provide 1 month with 12 refills.	0.00% 0	17.24% 5	82.76% 24	29



## Panel of Peers – Reflections From Select Panel Members Jan 7, 2022



### Question 2

- Fairly consistent approach although some people clearly picked two “Actions I would take”:
  - No one chose Do not prescribe/Refer or Refill for 1 year as Action I would take
  - Provide 1 month and 1 refill – 71% Action I would take
  - Provide 1 month with 5 refills – 42% Action I would take

### Comments

- Patient requires physical assessment which cannot be performed by the pharmacist. I would only provide enough to ensure patient has therapy until next appointment.
- Requires measurement of IOP and Retinal Exam. Assuming the patient can see his doctor/optometrist within 2 months that’s all I would prescribe.