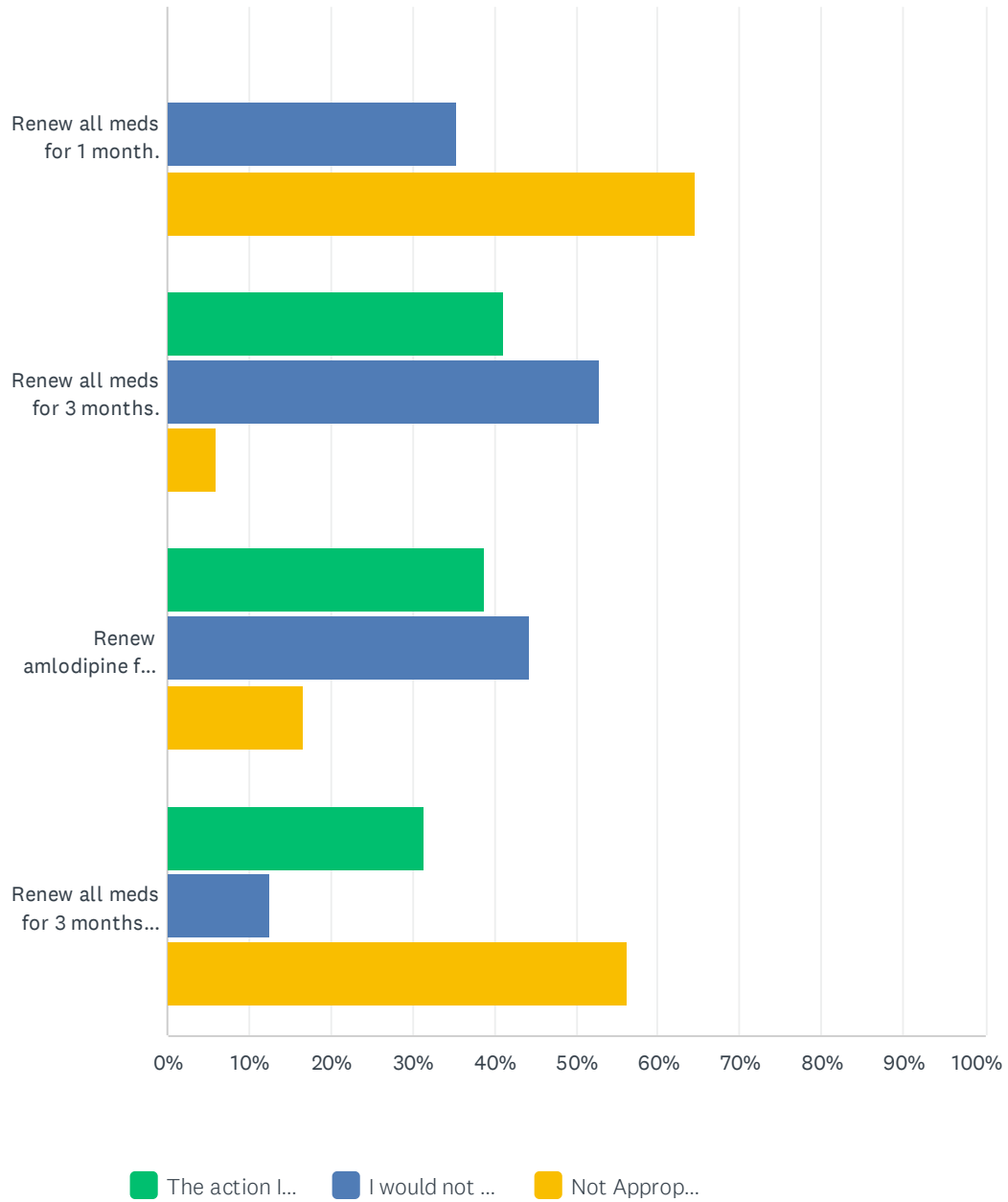


Q1 (Your submission) RT is a 48 yo male who has run out of refills on three medications citalopram 20 mg for depression, rabeprazole 20 mg once daily for GERD and amlodipine 10 mg for HTN. He has taken all three medications for the past 4 years. He feels they are working well and control his symptoms. His blood pressure is consistently in the 120s/80s (including the result at your pharmacy). He does not wish to stop any of the medications. His usual quantities are 3 months with 3 refills on citalopram and rabeprazole and 3 months with no refills on his amlodipine. He is a little frustrated that he keeps having to back to the physician for his blood pressure medication when his blood pressure has been well controlled. He can schedule an appointment with his doctor within the next month. How should a pharmacist respond?

Answered: 20 Skipped: 0

Panel of Peers Survey - January 21, 2022



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Renew all meds for 1 month.	0.00% 0	35.29% 6	64.71% 11	17
Renew all meds for 3 months.	41.18% 7	52.94% 9	5.88% 1	17
Renew amlodipine for 3 months and the others for 3 months with 3 refills.	38.89% 7	44.44% 8	16.67% 3	18
Renew all meds for 3 months and 3 refills.	31.25% 5	12.50% 2	56.25% 9	16



Panel of Peers – Reflections From Select Panel Members Jan 21, 2022



Question 1

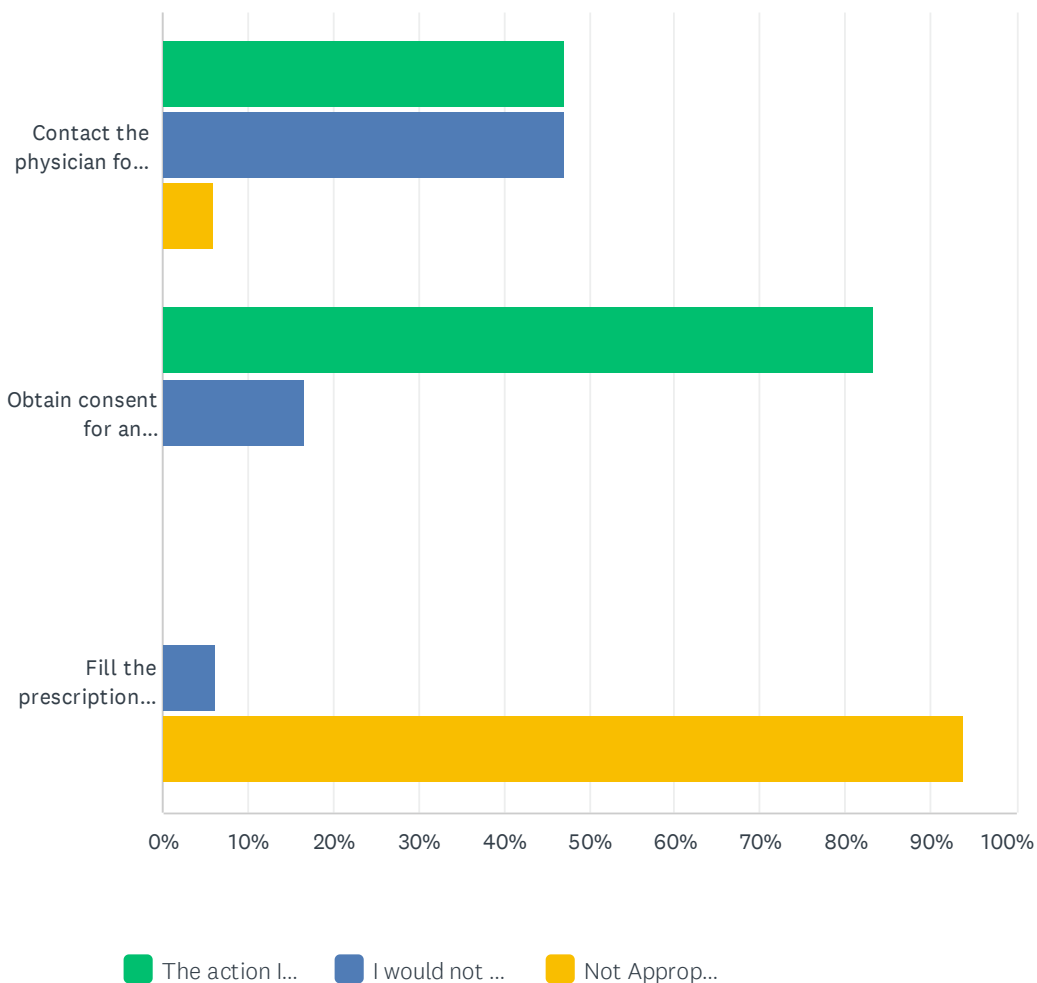
- The results were mixed and there were some comments seeking clarification on the standards:
 - Renew for 1 month 0% - Action I would take
 - Renew all meds for 3 months – 41% - Action I would take
 - Renew amlodipine for 3 months and everything else for 1 year – 39% Action I would take
 - Renew all meds for 1 year – 31% Action I would take

Comments

- NOTE: We can renew the amlodipine longer than the original prescription if appropriate. We are not limited to that quantity as a maximum. As of Jan 1 we can prescribe for longer than 6 months if appropriate.
- I would renew amlodipine and citalopram for 3 months and 1 refill. Not extending citalopram for the year to reassess depression during pandemic. Would want to follow-up on BP in 6 months. Would discuss deprescribing on rabeprazole.
- No clinical reason to not renew for 1 year on citalopram/rabeprazole.
- Do not have documentation of BP last visit. There may be a reason the physician wanted to assess BP in 3 months.

Q2 HT is a 83 yo female on Seniors Pharmacare with a prescription for cephalexin for cellulitis 500 mg qid for 7 days. Her eGFR is 22 at her most recent blood work 3 months ago. When you click on the button to see the previous 5 and 10 results you can see that this has been consistent for the past 2 years. You calculate her CrCl to be 20 mL/min. How should a pharmacist respond?

Answered: 20 Skipped: 0



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Contact the physician for a dose adjustment.	47.06% 8	47.06% 8	5.88% 1	17
Obtain consent for an adaptation service and adapt the dose to 500 mg q 8 (or 12h) for 7 days.	83.33% 15	16.67% 3	0.00% 0	18
Fill the prescription as written.	0.00% 0	6.25% 1	93.75% 15	16



Panel of Peers – Reflections From Select Panel Members Jan 21, 2022



Question 2

- Significant split although majority indicated they would adapt.:
 - Contact the physician for dose adjustment – 47% Action I would take
 - Obtain consent for adaptation service and adapt the dose – 83%

Comments

- I would adapt the dose and notify the physician.
- I would call the physician first, and then adapt if unable to connect.
- Some reservation about adapting the antibiotic and the infection not clearing.
- Inclined to adapt the dose. If I know what the dose should be, I'd change it and notify. Funded service with Seniors Pharmacare.