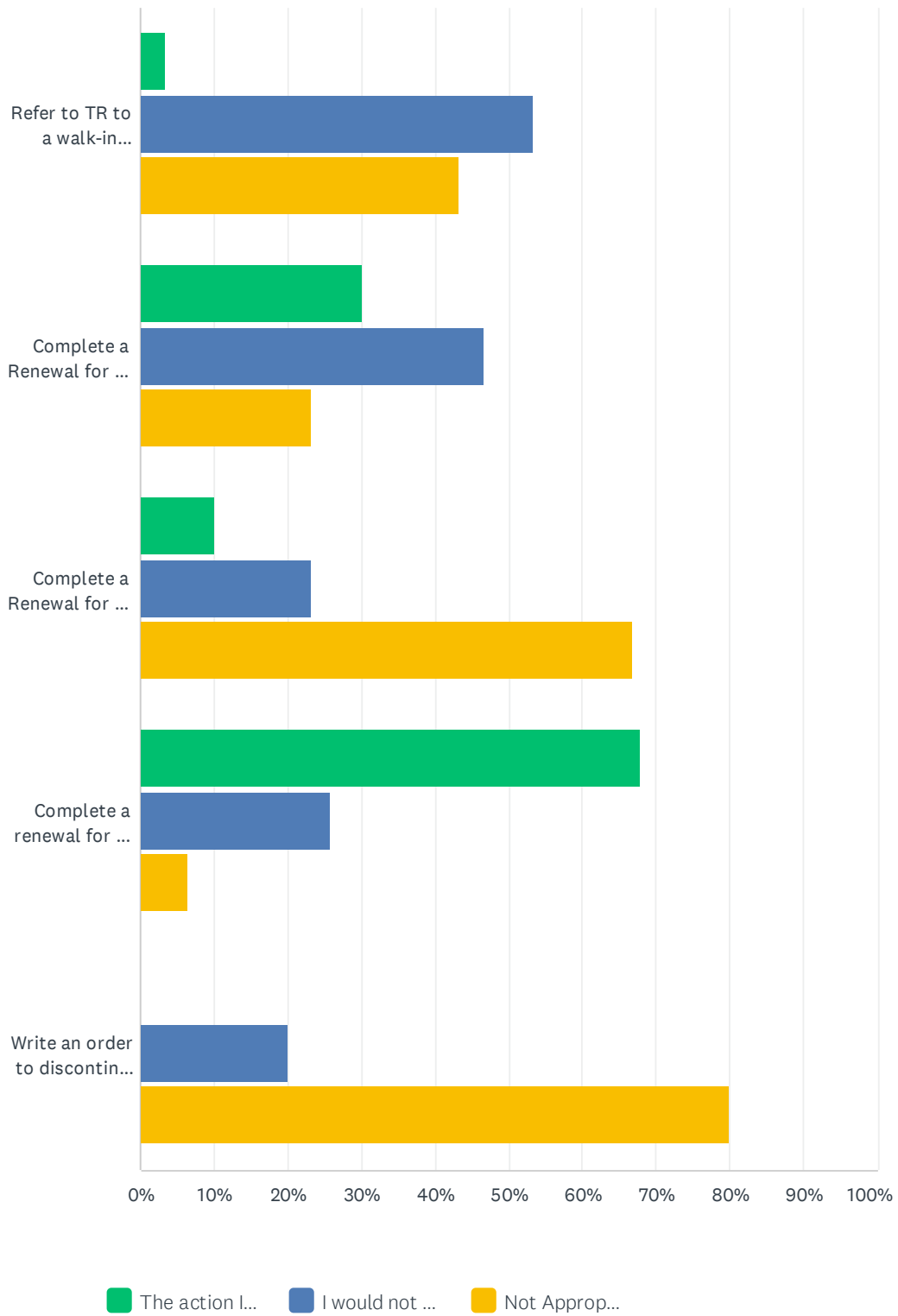


Q1 TR is a 46 yo, non-binary with HTN. They seek a renewal on amlodipine 5 mg and when you check their blood pressure it is 100/70 (3 readings, average of last two). TR indicates they check their blood pressure at home, and it usually runs just under 110/75. TR reports no signs of dizziness/orthostatic hypertension/headache/edema. TR's last prescription was for 90 days with 3 refills. TR has been taking amlodipine for 3 years. It was started after they had a 3 month period of blood pressure readings of 150/85. TR does not have a family doctor. How should a pharmacist respond?

Answered: 31 Skipped: 0

Panel of Peers Survey - March 11, 2022



Panel of Peers Survey - March 11, 2022

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Refer to TR to a walk-in clinic for further assessment.	3.33% 1	53.33% 16	43.33% 13	30
Complete a Renewal for 1-2 months and refer to a walk-in clinic for further assessment.	30.00% 9	46.67% 14	23.33% 7	30
Complete a Renewal for 3 months with 3 refills.	10.00% 3	23.33% 7	66.67% 20	30
Complete a renewal for 1 month but adapt the dose to 2.5 mg once daily. Follow-up in 1 month.	67.74% 21	25.81% 8	6.45% 2	31
Write an order to discontinue the therapy and reassess in a few months. (not billable to MSI)	0.00% 0	20.00% 6	80.00% 24	30



Panel of Peers – Reflections From Select Panel Members Mar 11, 2022



Question 1

- Fairly consistent approach between two groups of pharmacists but there is a notable group that states actions are Not Appropriate:
 - Complete a Renewal for 1 month adapt to 2.5 and follow-up – 68% The action I would take, 6% - Not appropriate
 - Complete a renewal for 1-2 months and refer - 30% - Action I would take, 23% - Not appropriate
 - Renew for 3 months with 3 refills – 10% Action I would take, 67% Not appropriate

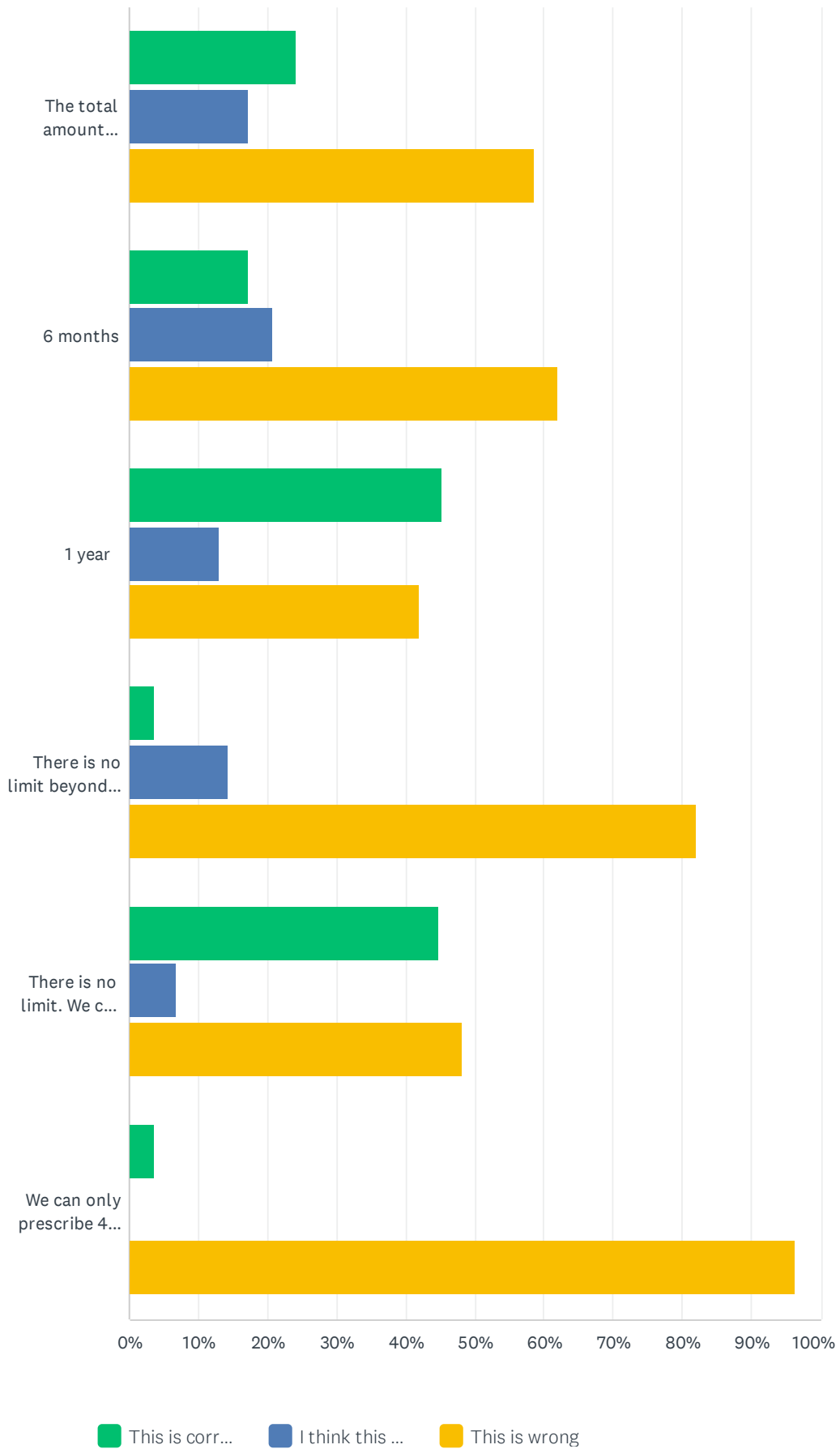
Comments

- I would not abruptly discontinue the medication. It would be more reasonable to assess after 1 month of a lower dose.
- I would inquire more about lifestyle changes that would explain her blood pressure control. (diet, exercise, weight loss)
- If I've done the assessment and determined that her blood pressure was too low to extend it for a year, there would be no reason for me to refer the patient to a walk-in clinic. I have the information I need to modify the therapy.

Q2 What do you perceive as the upper limit for non-narcotic prescriptions to be renewed if the therapy continues to be appropriate?

Answered: 31 Skipped: 0

Panel of Peers Survey - March 11, 2022



Panel of Peers Survey - March 11, 2022

	THIS IS CORRECT	I THINK THIS MIGHT BE CORRECT	THIS IS WRONG	TOTAL
The total amount prescribed on the last prescription. (i.e. if their doctor wrote for 3 months NR then 3 months)	24.14% 7	17.24% 5	58.62% 17	29
6 months	17.24% 5	20.69% 6	62.07% 18	29
1 year	45.16% 14	12.90% 4	41.94% 13	31
There is no limit beyond 1 year but we cannot prescribe consecutively (issue back to back prescriptions).	3.57% 1	14.29% 4	82.14% 23	28
There is no limit. We can prescribe continuously if it is appropriate (knowing that prescriptions are only legal for 1 year in NS)	44.83% 13	6.90% 2	48.28% 14	29
We can only prescribe 4 times per year.	3.57% 1	0.00% 0	96.43% 27	28



Panel of Peers – Reflections From Select Panel Members Mar 11, 2022



Question 2

- This was fun. There was no answer where everyone said universally that this is wrong.:
 - You can see the percentages yourself from the table. The correct answers were picked in the majority:
 - There is no limit. We can prescribe continuously if it is appropriate (knowing that prescriptions are only legal for 1 year in NS) – 45% This is correct
 - 1 year – 45% This is correct

Comments

- There are a few issues to consider BUT GIVEN 1) NON-NARCOTIC 2) NO COMPELLING REASON TO REFER (I.E. NO RED FLAGS, WE DON'T NEED BLOOD WORK) AND 3) THE PRESCRIPTION CONTINUES TO BE APPROPRIATE AT EACH ASSESSMENT
 - There is no limit on how much we can prescribe (knowing all prescriptions are only valid for a year)
 - We should consider how long the assessment is valid (i.e. statin could reasonably be reassessed annually, one could argue insulin should be reassessed more frequently)
 - A pharmacist may prescribe back to back to back....
 - The total quantity for the patient's last prescription only matters for MSI billing. If there is no clinical reason to give less, we are expected to give at least their usual quantity. If the patient normally gets 3 months with NR and you feel the therapy is appropriate for a year, you could prescribe a year.
 - There is no 6-month absolute limit in the prescribing standards (effective Jan 1, 2022)
 - The 4 times per year only counts for billing MSI. You could prescribe 10 times but the patient would have to pay for 6 of them. That's why the system wants us to look at the profile and see if the patient may need something else in the next little while when doing the assessments.