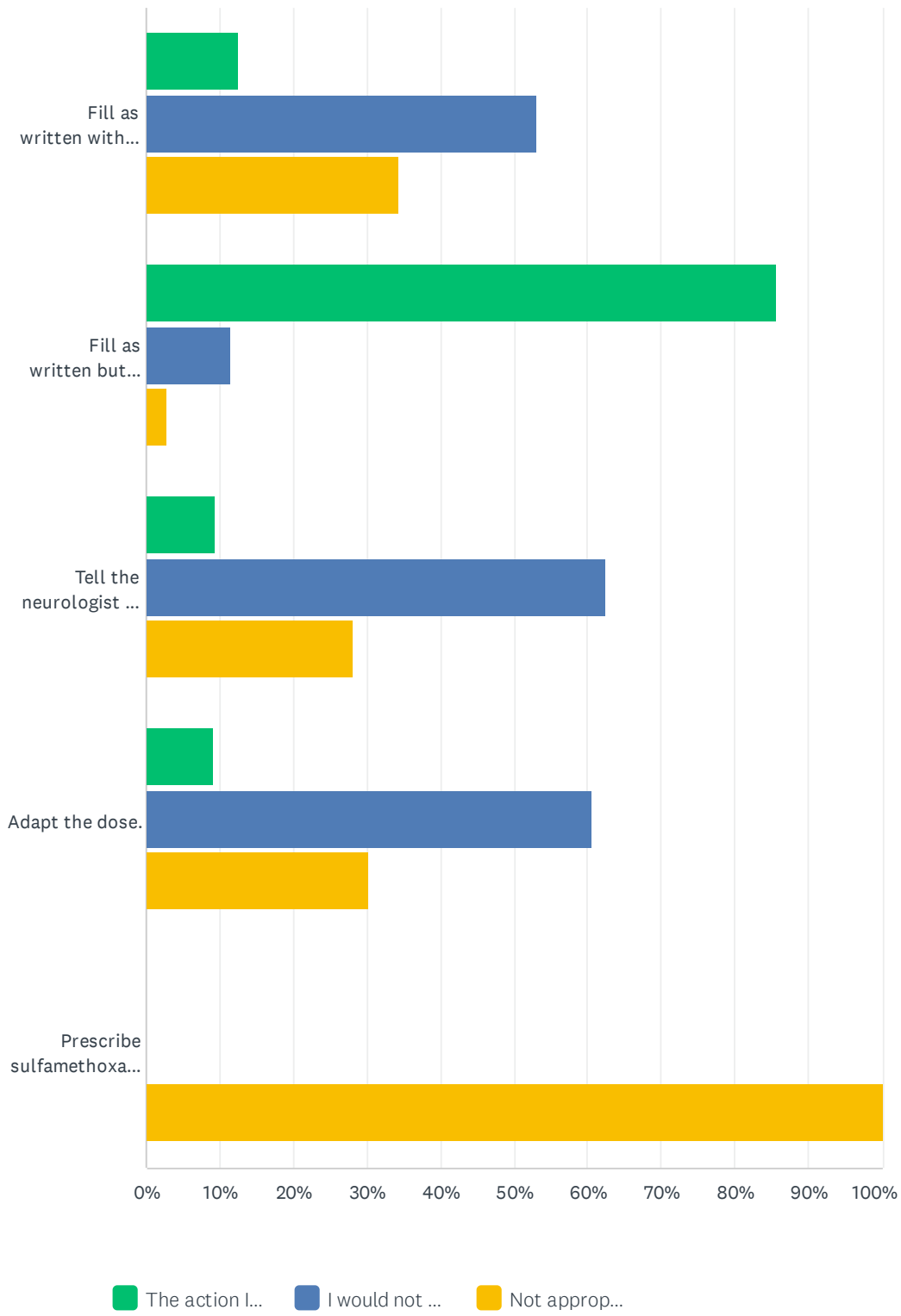


Q1 (Your Submission) PT is a 26 yo male taking valproic acid for seizures. His neurologist wishes to start lamotrigine and prescribes an initial dose of 25 mg once daily. There is a Lexi level D interaction as valproic acid may increase the risk of lamotrigine toxicity (Severity Major Reliability Rating Excellent). The recommended dosing initial dosing is 25 mg every other day for 2 weeks. The neurologist thanks you for pointing out the interaction but still wants to start the dose at 25 mg once daily. How should a pharmacist respond?

Answered: 35 Skipped: 0

Panel of Peers Survey - April 8, 2022



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	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Fill as written with usual and customary counselling. (Document neurology discussion.)	12.50% 4	53.13% 17	34.38% 11	32
Fill as written but discuss the increased risk of toxicity, recommended starting dose and monitoring parameters. (Document neurology discussion)	85.71% 30	11.43% 4	2.86% 1	35
Tell the neurologist you cannot fill the prescription as written due to the risk to the patient.	9.38% 3	62.50% 20	28.13% 9	32
Adapt the dose.	9.09% 3	60.61% 20	30.30% 10	33
Prescribe sulfamethoxazole/trimethoprim DS for 7 days.	0.00% 0	0.00% 0	100.00% 30	30



Panel of Peers – Reflections From Select Panel Members Apr 8, 2022



Question 1

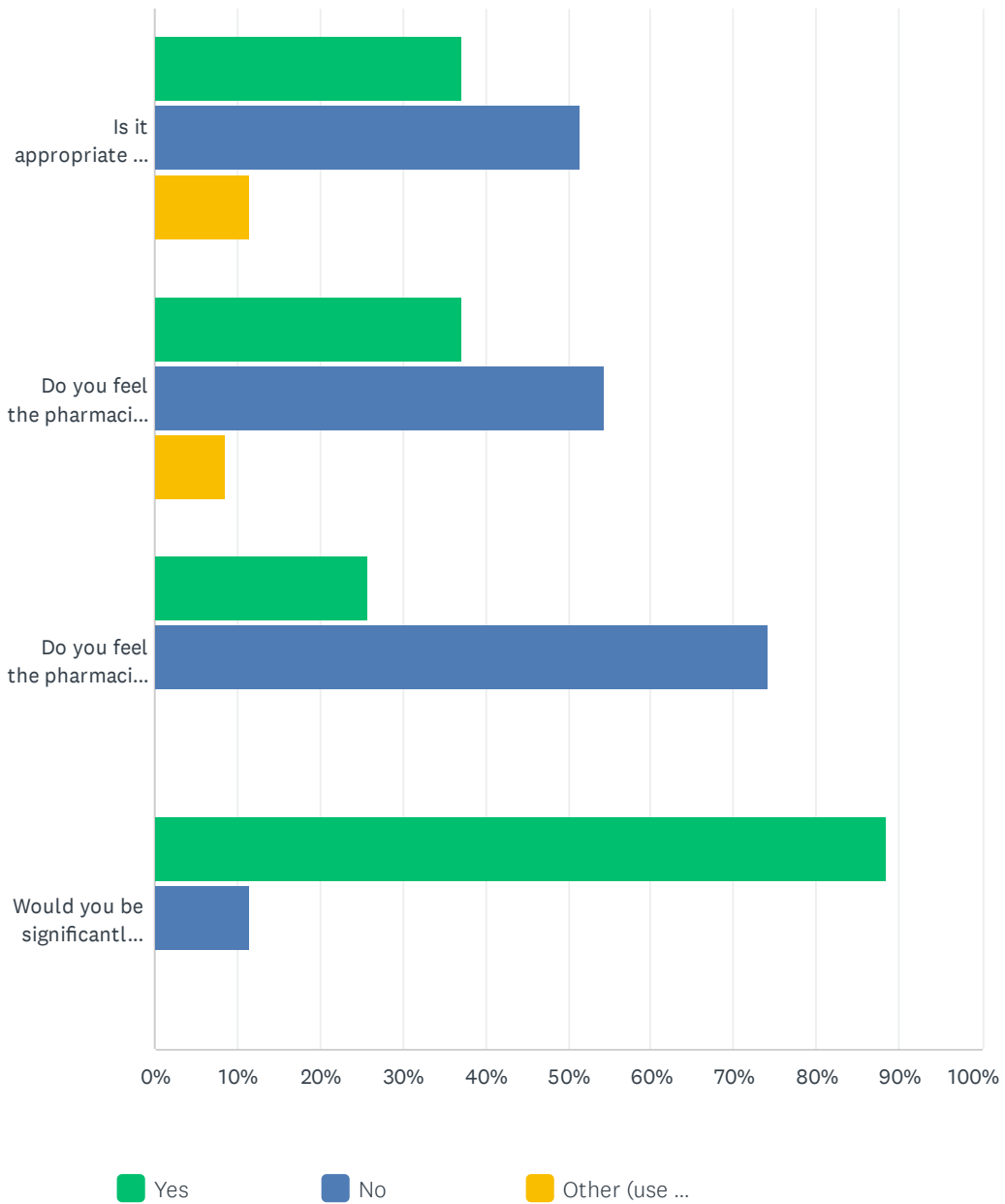
- Significant consensus on the first question. (Also, universal confusion on the Sulfatrim option which always serves a good reminder to double check when you copy and paste a template from the previous week.):
 - Fill as written, document the toxicity and monitoring parameters, and document neurology consult – 86% - Action I would take, 3% Not appropriate
 - Fill as written with usual and customary counselling (document discussion) – 12% Action I would take, 34 % - Not Appropriate
 - Tell the neurologist you cannot fill the prescription as written – 9% Action I would take, 28% - Not appropriate
 - Adapt the dose – 9% Action I would take, 30% Not appropriate

Comments

- I would document the discussion with the neurologist and patient and ultimately let the patient make an informed decision.
- I don't think I would adapt if I spoke to the physician. I would be more likely to refuse to fill unless the change was made. It would also depend on the patient's perspective once they understood the risk. I would not advise the patient to do something not written on the label. If I was going to give the patient alternate instructions, I would adapt or refuse to fill unless changed.
- I don't feel like I would adapt the dose if I spoke to the physician. I would not dispense and send them back to the neurologist to discuss risks. Would also like to understand why the neurologist didn't want to adapt.
- I would counsel the patient to start with 1 every 2 days and monitor symptoms.

Q2 Consider each of the following regarding the situation in question 1.

Answered: 35 Skipped: 0



Panel of Peers Survey - April 8, 2022

	YES	NO	OTHER (USE COMMENT)	TOTAL
Is it appropriate to fill as written but discuss an alternate dosing arrangement knowing it may invite the patient to self-modify the dose in a way that would be unknown to their healthcare providers and be undocumented?	37.14% 13	51.43% 18	11.43% 4	35
Do you feel the pharmacist is liable if they felt the prescription was inappropriate but filled it as written, documenting the consultation with the neurologist?	37.14% 13	54.29% 19	8.57% 3	35
Do you feel the pharmacist is liable if they felt the prescription was inappropriate but filled as written, documenting the caution provided to the patient?	25.71% 9	74.29% 26	0.00% 0	35
Would you be significantly less likely to fill as written if the prescription was written by a family doctor or nurse practitioner?	88.57% 31	11.43% 4	0.00% 0	35

#	COMMENT (OPTIONAL)	DATE
1	Despite filling the prescription as the neurologist wished, I would not conceal the fact that I discussed my views on what would be most appropriate and I would encourage the patient to inform the neurologist upon follow-up. If the patient chose to go ahead with the initial prescribed dose I would make them aware of what to monitor in terms of toxicity and I would perform several follow-up calls. I would not hesitate to document this on the patient file. By no means would I try to be 'sneaky'. I feel like if the pharmacist informed the neurologist of the risk and they chose to ignore it and we also informed the patient than the liability would be on the prescriber.	4/11/2022 11:39 PM
2	I don't think we have all of the necessary info. What is the VPA dose and current levels? Are there other risk factors for toxicity? What is his seizure risk? Is it riskier to be sub therapeutic than levels running a little bit out of range? Definitely important to discuss with prescriber but a neurologist likely has more clinical experience combining and dosing these medications than a community pharmacist. The patient definitely needs to be informed about the potential risks.	4/11/2022 11:24 PM
3	For the first option I do this occasionally, for example with Metformin. But upon reflection I suppose I should just adapt the dose. Not all patients would wish to pay for that service though.	4/11/2022 5:32 PM
4	I would tell the patient the traditional dosing and if they indicated they're going to start at that dose I would ensure the neurologist recieved a copy of this information. They would need to be kept informed to assess the patient properly.	4/11/2022 11:57 AM
5	I think it is appropriate to fill as written after discussing all the cautions with the patient (including an alternate regimen) and with the neurologist, even if that invites the patient to alter their regimen on their own, because if I did decide to adapt the dose after the neurologist discussion I would still let the patient know that the neurologist recommended a different regimen, and that could also lead to the patient altering their regimen on their own volition	4/11/2022 10:26 AM
6	Fu w pt and document any self mgmt strategy employed by the pt	4/11/2022 9:43 AM
7	Document discussion with patient on counselling sheet and encourage them to be transparent with how they took at follow-up with neurologist. It's our job to educate the patient so they can make informed decisions	4/11/2022 8:48 AM



Panel of Peers – Reflections From Select Panel Members Apr 8, 2022



Question 2

- There were mixed opinions on the second question. 1/2 to 1/3 of the respondents felt the pharmacist was liable if they filled a prescription that they felt was inappropriate even if they discussed it with the patient/neurologist and documented it. More people indicated that they did not think the pharmacist was liable if the patient understood the benefits and risks. Half the respondents did not feel it was right to give alternate dosing instructions to the patient such that the patient would administer a dose different from the label.
- There were great comments provided. I just left them for the group to view.