



## Panel of Peers – Reflections From Select Panel Members May 27, 2022



### Question 1

- The majority of pharmacists stated they would refer.
  - Refer for antifungal treatment – 79% Action I would take, 0% - Not appropriate
  - Prescribe topical antifungal prescription nail products – 14% Action I would take, 59% Not appropriate
  - OTC Nail products (Emtrix) – 25% - Action I would take, 21% Not appropriate

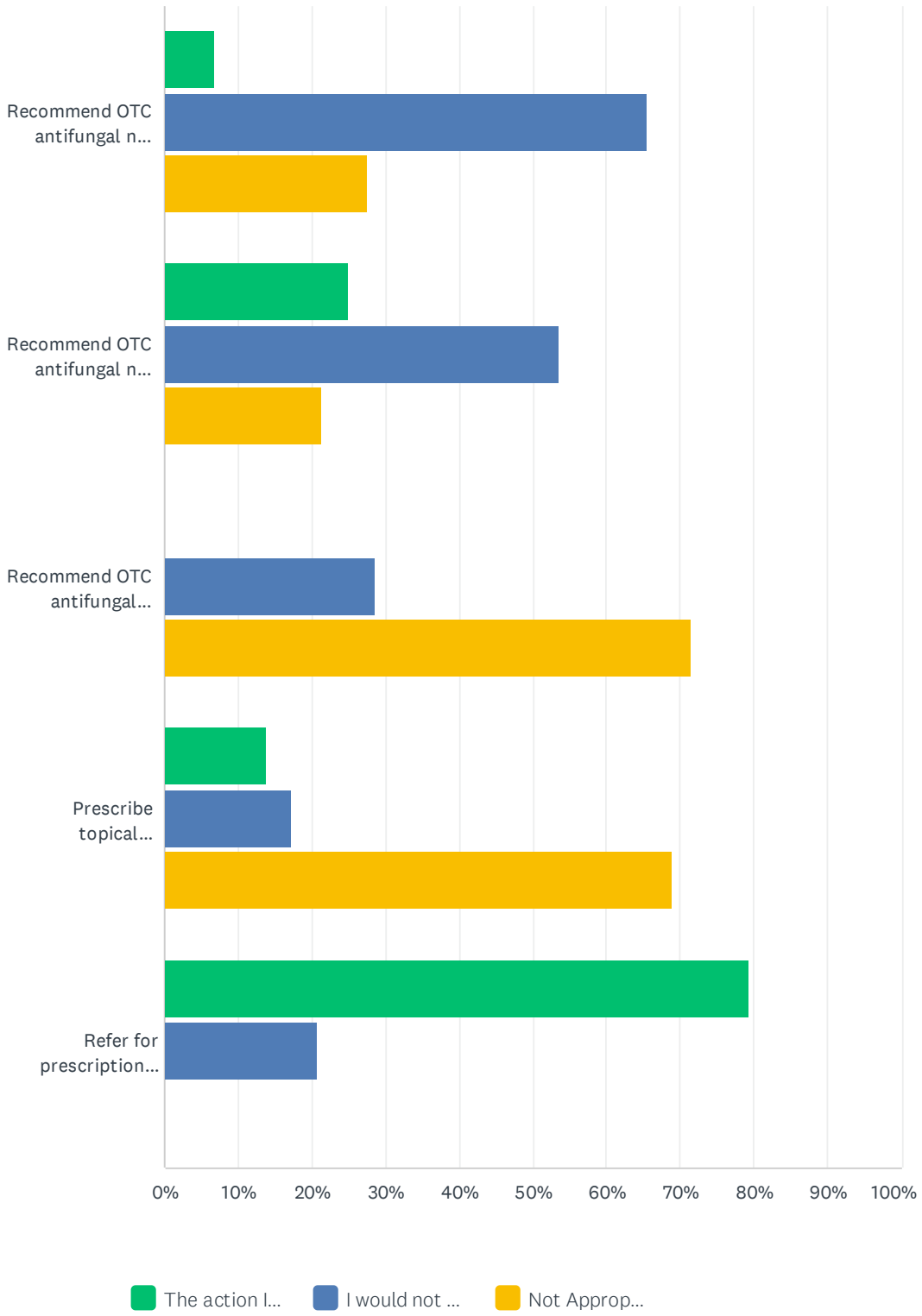
### Comments

- Fungal infections of the skin are a minor ailment but I'm not aware that it would apply to the nail. Efficacy of OTC products is low. I would refer.
- Emtrix had had some good marketing. There may be some marketing but prescription would be best.
- Onychomycosis does not qualify as a fungal skin infection. Refer.

Q1 (Your Submission) TL is a 45 yo male who presents to the pharmacy looking for assistance for treatment of a discolored toe nail on his left foot. He thinks it's infected with a fungal infection because it looks similar to the nail he saw on a TV commercial. The commercial indicated that there are products available that could treat it and he wants to know what you would recommend. His medical background is not significant. How should a pharmacist respond?

Answered: 29 Skipped: 0

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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 |
|--|-------------------------|---|-----------------|-------|
| Recommend OTC antifungal nail products with undecelynic acid (e.g. Fungi Cure, Fungi Nail)             | 6.90%<br>2              | 65.52%<br>19  | 27.59%<br>8     | 29    |
| Recommend OTC antifungal nail products with urea/lactic acid (e.g. Emtrix)                             | 25.00%<br>7             | 53.57%<br>15  | 21.43%<br>6     | 28    |
| Recommend OTC antifungal creams (e.g. clotrimazole)  | 0.00%<br>0              | 28.57%<br>8   | 71.43%<br>20    | 28    |
| Prescribe topical ciclopirox or efinaconazole nail products as a minor ailment for topical antifungal  | 13.79%<br>4             | 17.24%<br>5   | 68.97%<br>20    | 29    |
| Refer for prescription antifungal treatments (e.g. topical efinaconazole/ciclopirox, terbinafine oral) | 79.31%<br>23            | 20.69%<br>6   | 0.00%<br>0      | 29    |



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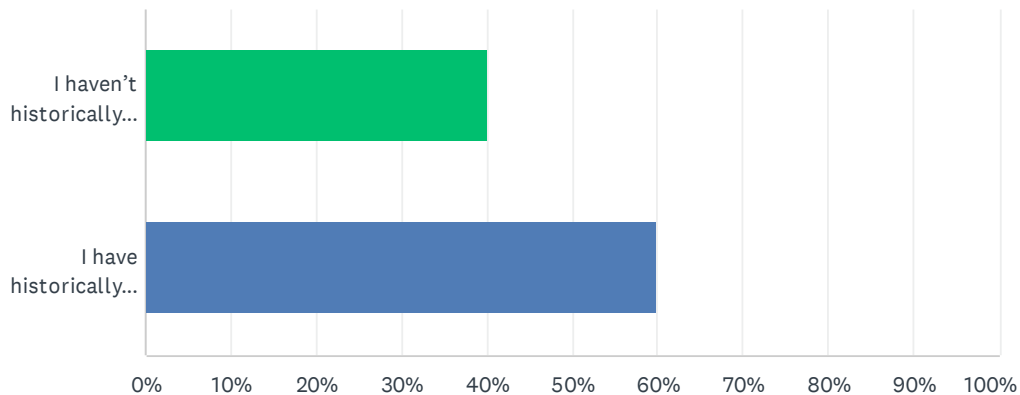


### Question 2

- More people screened for Red Flags for omeprazole than latanoprost. Comments listed below:
  - 40% - I have historically not documented this
  - 60% - I have historically documented this.

**Q2 Renewal Red Flag Series:** When providing renewal prescriptions, it is important that a pharmacist rule out and document any red flags that would warrant an urgent referral. (i.e. Patient reports no signs of .....). This is important not only for the patient’s well-being but to limit the liability of the pharmacist and the pharmacy. When providing renewal prescribing for omeprazole, what red flags would you document in your assessment?

Answered: 25 Skipped: 4



| ANSWER CHOICES  | RESPONSES |
|---|-----------|
| I haven't historically documented this (fill in the comment if it applies)        | 40.00% 10 |
| I have historically documented this (please note in the comments what you assess) | 60.00% 15 |
| <b>TOTAL</b>  | <b>25</b> |

| # | PLEASE SPECIFY WHAT YOU ASSESS HERE. IF YOU DON'T NORMALLY DOCUMENT THIS BUT PLAN ON STARTING, INDICATE WHAT YOU WOULD ASSESS HERE ALSO.      | DATE               |
|---|---|--------------------|
| 1 | blood in stools, vomiting blood, dysphagia  | 6/2/2022 10:26 PM  |
| 2 | symptoms of MI, cough caused by reflux, Sx of GI bleed  | 6/2/2022 10:46 AM  |
| 3 | Signs of GI bleeding (sharp pain in stomach, dark stools or blood in stool, diarrhea (in case patient has developed GI infection              | 5/31/2022 9:55 PM  |
| 4 | Had a scope? Tested for h. Pylori? No change in diet, no vomiting, no bleeding, no change in bowel habits                                     | 5/31/2022 11:56 AM |
| 5 | I mostly document relevant lab values and self measured bp and glucose readings from the patient  | 5/30/2022 10:31 PM |
| 6 | I would ask if symptoms are controlled, if they ever need to take OTC antacids, GI pain, vomiting or blood in stool                           | 5/30/2022 9:26 PM  |
| 7 | Abnormal Vomiting or diarrhea, blood in the stool or vomit, chest pain  | 5/30/2022 8:14 PM  |
| 8 | General comment made of no reason to discontinue at this time. Inclusive of recent bloodwork and has there been investigation into diagnosis. | 5/30/2022 7:20 PM  |
| 9 | worsening symptoms, coughing up coffee grinds, etc  | 5/30/2022 5:11 PM  |

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|    |  |                    |
|----|--|--------------------|
| 10 | Absence of blood in vomit or stool. Would also discuss length of time on PPI and reason for treatment. Would discuss patients willingness to change to another therapy if appropriate. | 5/30/2022 3:49 PM  |
| 11 | Bloody emesis or stool, persistent emesis lasting over a week, difficulty eating, painful swallowing, noticeable mass  | 5/30/2022 3:47 PM  |
| 12 | Bleeding, pain, worsening of symptoms since last appt with physician, difficulty swallowing  | 5/30/2022 2:36 PM  |
| 13 | New or worsening symptoms, history of hematemesis, unintentional changes in weight, check blood work (iron deficiency)   | 5/30/2022 2:19 PM  |
| 14 | Any signs of blood, any chest pain   | 5/30/2022 2:05 PM  |
| 15 | Would ask about changes in GERD symptoms, ask if they've seen blood in stool, make sure they're having regular bowel movements.  | 5/30/2022 1:50 PM  |
| 16 | indication requiring scope ruled out, h.pylori negative, has indication that warrants continued use  | 5/30/2022 1:41 PM  |
| 17 | Changes in health status? Symptoms control? Renal function deficits? Diarrhea?   | 5/30/2022 1:35 PM  |
| 18 | Patient reports no sign of dysphasia, chest pain, gastrointestinal bleeding  | 5/27/2022 10:34 PM |
| 19 | Dysphagia, signs of blood in stool, unexpected or unexplained weight loss,   | 5/27/2022 7:29 PM  |
| 20 | Looking for vomiting, black stool, worsening of GERD, changes in kidney function   | 5/27/2022 7:27 PM  |