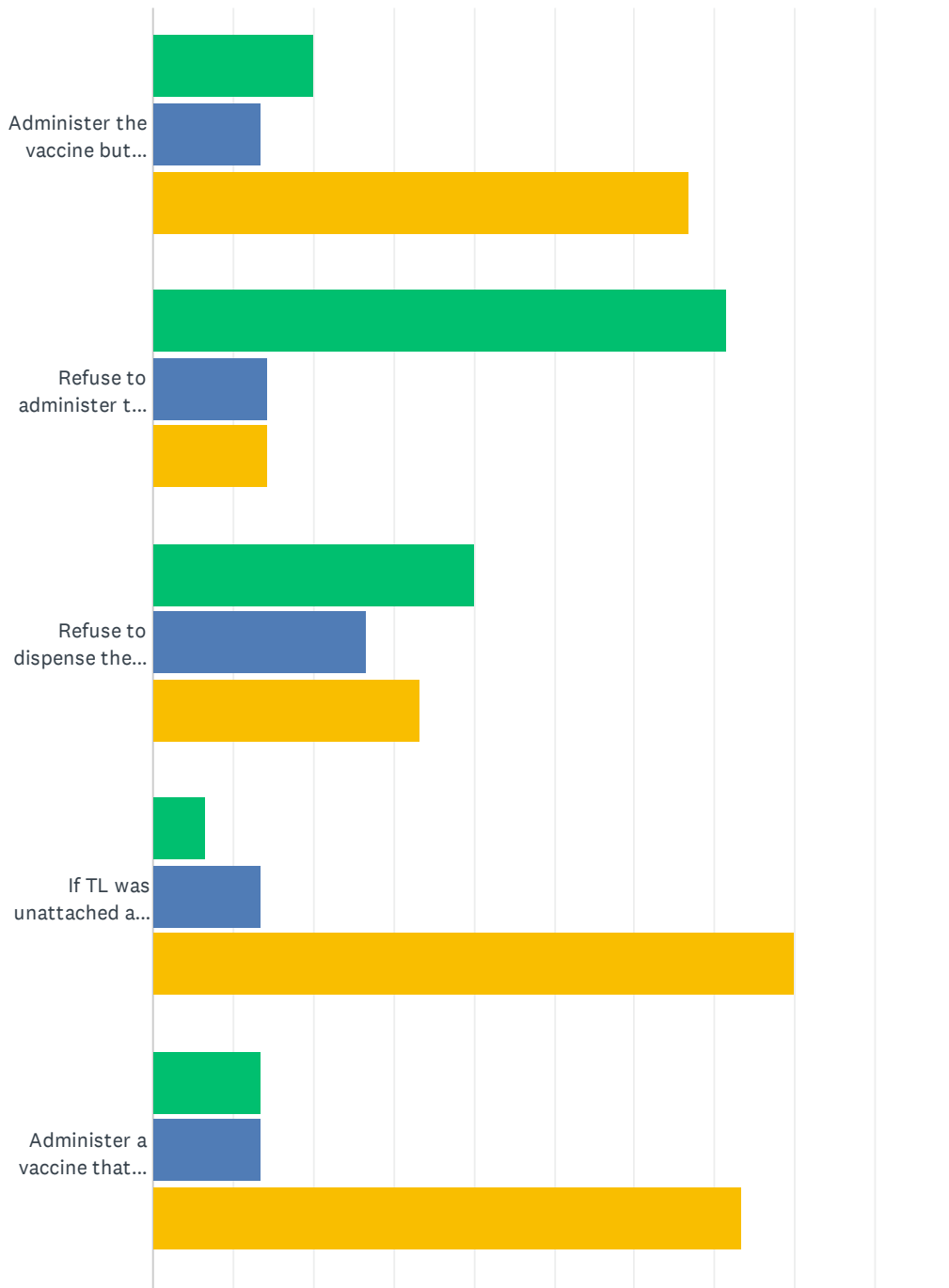
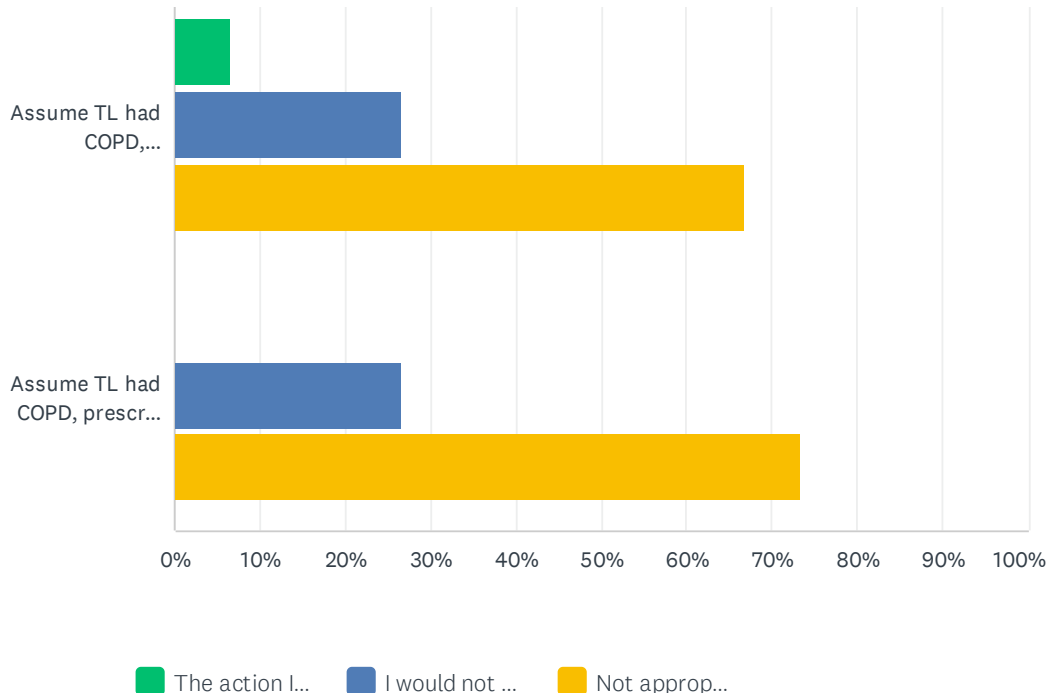


Q1 (Your submission) TL is a 49 yo male who presents with a prescription for Arexvy from his family doctor. He asks if the pharmacy can give the injection? It is officially only indicated for patients 60 years and older and there are no NACI guidelines yet. (ACIP (US) recommends Adults 60+ may receive a single dose of licensed RSV vaccine using shared clinical decision making.) TL has no allergies, medical conditions or medications. How should a pharmacist respond?

Answered: 15 Skipped: 0



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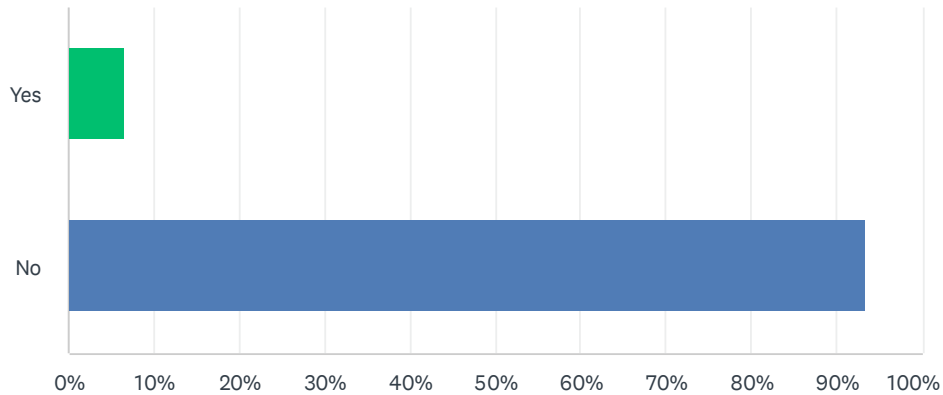


	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Administer the vaccine but advise that it is not indicated.	20.00% 3	13.33% 2	66.67% 10	15
Refuse to administer the vaccine because it is not indicated.	71.43% 10	14.29% 2	14.29% 2	14
Refuse to dispense the vaccine because it is not indicated.	40.00% 6	26.67% 4	33.33% 5	15
If TL was unattached and was looking for someone to prescribe the vaccine, prescribe the vaccine yourself.	6.67% 1	13.33% 2	80.00% 12	15
Administer a vaccine that you would not prescribe.	13.33% 2	13.33% 2	73.33% 11	15
Assume TL had COPD, administer the vaccine.	6.67% 1	26.67% 4	66.67% 10	15
Assume TL had COPD, prescribe the vaccine.	0.00% 0	26.67% 4	73.33% 11	15

#	COMMENT	DATE
1	I would contact prescriber to confirm they are aware if age group arexvy is indicated for	12/4/2023 1:25 PM
2	You can't just assume. And what if someone in his household was at high risk?	12/1/2023 8:31 PM
3	I would more than likely contact the prescriber, document their justification, get written consent from patient and admin the drug.	11/24/2023 3:09 PM
4	I would not assume anything about his health. I would question him further about why his dr feels this vaccine is important to get. I would even clarify with physician about the indicated ages if the patient themselves was not sure why it as prescribed. Just because I would not prescribe it does not mean it is not clinically appropriate for this pt, the prescribing physician may have a lot more information available then I do and I would need this information to make decisions.	11/24/2023 1:33 PM

Q2 Continued from above: Standard 2.2 from the Standards of Practice on Drug Administration states that "Prior to administering a drug to a patient, a pharmacy practitioner is satisfied that:...• a pharmacist has determined the therapeutic appropriateness and timing of the administration;" Did that change your response to any of the answers above?

Answered: 15 Skipped: 0

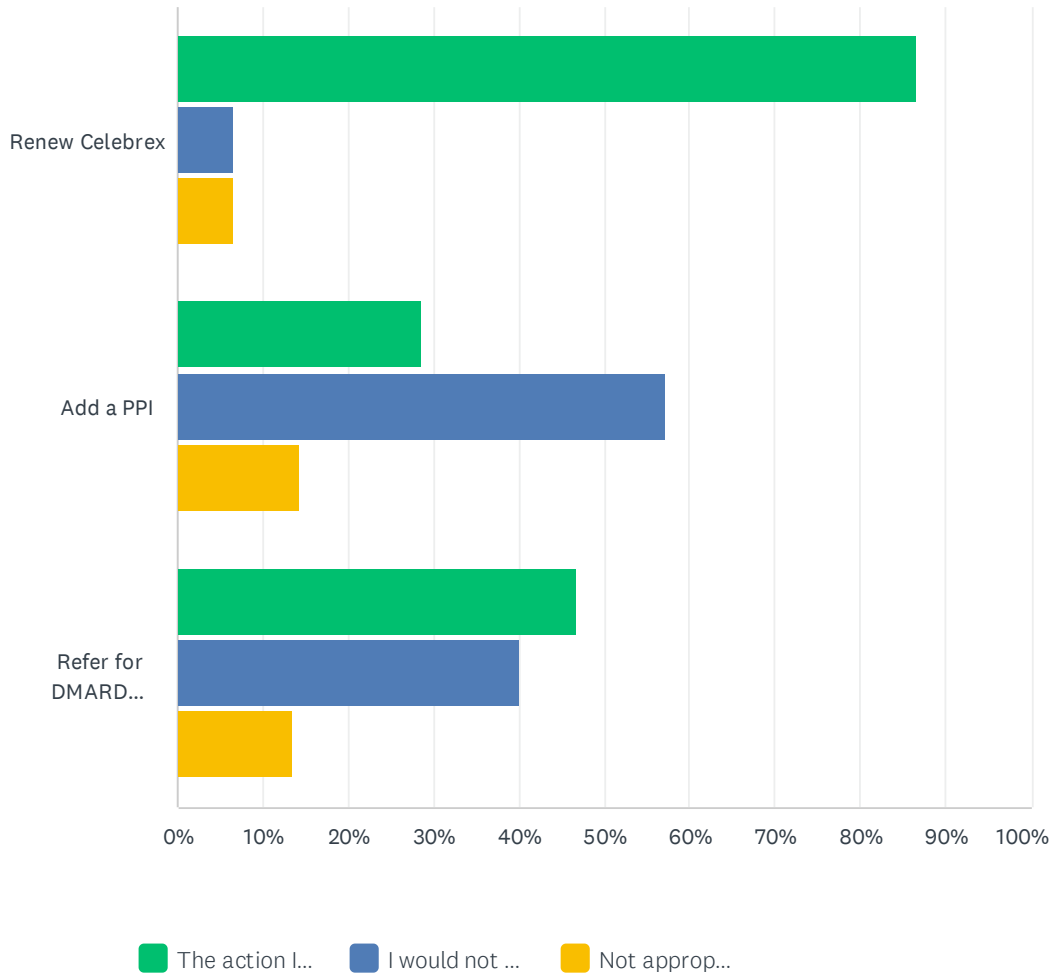


ANSWER CHOICES	RESPONSES
Yes	6.67% 1
No	93.33% 14
TOTAL	15

Q3 Last time the following situation was presented: HT is a 62 yo female on celecoxib 200mg bid for arthritis for years. Her arthritis pain was not controlled but is tolerable on this dose so HT wants to continue as is. HT is not on anything for gastro protection and said she had discussed this before but it was not initiated and her stomach is "strong as a horse". HT has no allergies to medications. Her only other medication is atorvastatin for dyslipidemia. What questions would you like to ask or factors would you consider before providing care? Your questions- Confirm no otc's. What other medications/treatments has she tried for arthritis. Assess other factors for GI risk and explain risk to patient.- Kidney function. Cardiovascular Risk. Look at trial of once a day instead of BID.- Any bleeding incidents recently, mainly in stool? Any stomach pain? Blood work? Kidney function, HA1C Any other risk factors for heart disease?- What had she tried in past for arthritis pain? Would possibly try Acetaminophen CR 650mgs since less risk of stomach issues if patient was willing.- Are you taking tylenol? Do you check your BP? How are your kidneys? Have you ever had an ulcer?- History of GI issues like ulcers that would put her at higher risk- Assess Blood Pressure, Assess kidney function, Smoking history, Any CVD? DM2?- I would consider prescribing a PPI if she remains on celecoxib.- any OTC used, other options for pain control previously tried, any GI symptoms such as heartburn/signs of bleeding/pain, other cardio risk factors such as BP/blood work for lipids/hx, kidney function- I would likely think about her "HASBLED" score for bleeding risk. I would also be curious about joints affected and impact on QoL to see if changing to an alternate regimen would be preferred- What service is she looking for? Renewal, additional therapy? HT has rheumatoid arthritis, she tried tylenol in the past and found it to be ineffective. It primarily affects her hands and has limited the time she can spend gardening and doing crafts. She's only takes a multivite. eGFR > 90, LFTs WNL, no hematemesis or blood in the stool, BP 126/81, No history of GI disturbances, Non-Smoker. She has only used Celebrex for her arthritis. She is looking for a refill on her Celebrex.

Answered: 15 Skipped: 0

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	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS BUT IT WOULD BE OKAY IF ANOTHER PHARMACIST DID THIS.	NOT APPROPRIATE	TOTAL	WEIGHTED AVERAGE
Renew Celebrex	86.67% 13	6.67% 1	6.67% 1	15	1.20
Add a PPI	28.57% 4	57.14% 8	14.29% 2	14	1.86
Refer for DMARD consideration	46.67% 7	40.00% 6	13.33% 2	15	1.67

Q4 If you have a situation you would like included in a future survey please enter it below. Please make sure that none of the information provided could in any way identify possible patients or the pharmacy involved.

Answered: 1 Skipped: 14

#	RESPONSES	DATE
1	not this time	12/10/2023 1:00 PM