Panel of Peers – With Panel Commentary
Sept 14, 2023

Question 1

- In a situation that is prescribing by protocol 52% prescribed and 41% referred. There is clearly confusion regarding the protocol. The PANS Uncomplicated Cystitis form was updated some time ago to help. Make sure you are using the latest version of the form. ("Is this episode the patient's second UTI in 6 months or the 3rd in one year? Yes – Refer")
    - It was a split between prescribing and referral with significant numbers saying this was what they would do while other stating it was not appropriate
    - Most people would check DIS to confirm previous antibiotic history
    - A significant number would check if it was covered for the patient

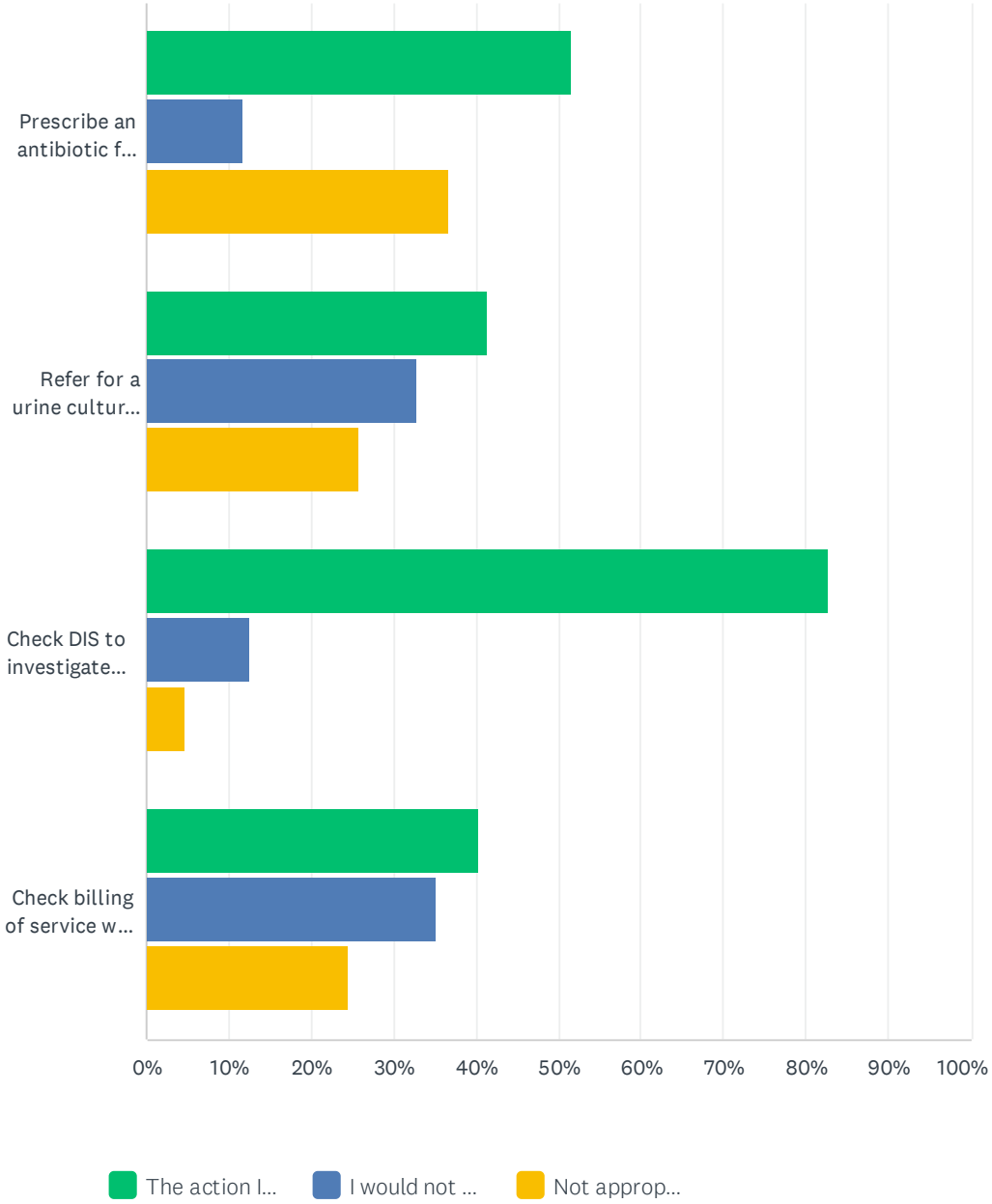
Comments :

- Many comments 2nd UTI in 6 months refer *(2 in 6 months or 3 in 1 year is recurrence. Refer.)*
- Would check DIS as it could change the plan
- Need to also assess other factors.
- Do we need to know if they had an infection in the past 4 weeks. Isn't the past 6 months enough? *(That can help distinguish Relapse vs. Recurrence. Both are referral situations for C&S.)*
- Referral is a conservative approach *(Pharmacists are starting to order labs. Should the protocol change? We'll see how this evolves particularly as more pharmacists start ordering labs.)*
- Advise the patient that if the service wasn't covered, she would have to pay.
- Confirm for the patient whether they must pay before providing the service.

Thanks to the respondent that said we don't know enough about the patient's history. We'll make sure to note that the rest of the patient's background was unremarkable.

Q1 JW is a 44-year-old female who presents to the pharmacy for an uncomplicated UTI assessment. Her opening statement is - "I've had UTIs before. I've only had 1 in the last 2 years and it was 4 months ago. I have dysuria, I'm peeing all the time. I don't have fever or flank pain. Can you give me Macrobid?" Assuming everything she states is true, how should a pharmacy practitioner respond?

Answered: 65 Skipped: 2



	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Prescribe an antibiotic for uncomplicated cystitis.	51.67% 31	11.67% 7	36.67% 22	60
Refer for a urine culture and sensitivity (assume the pharmacist cannot order this test for now)	41.38% 24	32.76% 19	25.86% 15	58
Check DIS to investigate prior antibiotic (UTI) use to corroborate patient history.	82.81% 53	12.50% 8	4.69% 3	64
Check billing of service with MSI to ensure the patient is covered.	40.35% 23	35.09% 20	24.56% 14	57

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Question 2

- Pretty consistent response:
  - Most people did not feel it was okay to tell the patient to just keep going.
  - Many thought it was reasonable to recommend OTC products to manage GI distress
  - Most people were split between contacting the prescriber for getting an alternative or doing a renewal with a therapeutic substitution.

Comments

- Give the patient all the options and if you still think the patient will refuse to take it, do the therapeutic substitution as there is no need for the patient to go to ER/Walk-In
- Good use of pharmacist resources
- Would contact prescriber if I had easy access
- Do this regularly now
- Often wouldn't do in the past because it wasn't covered. Situation is changed now.

Q. Is this a Renewal, Therapeutic Sub, Prescribing with Diagnosis or forbidden?

- It's a Renewal that includes therapeutic sub. You can only purely Therapeutic Sub/Adapt something that is active with refills. According to **Regulations** pharmacists can Renew existing therapy, so that it is no longer limited to chronic meds. If a patient is actively taking an antibiotic, it would be existing therapy and can be renewed.

- Is this Prescribing with a Diagnosis? This category was originally intended to be for patients having a diagnosis of a chronic condition confirmed by a care provider and an agreement was established to allow us to manage therapy including adding new meds (e.g. CPAMS, CDM). This category is evolving especially as many patients do not have a primary care provider and modification is being studied/considered. **For now, I would stick with Renewals because it applies.**

Q2 XD is a 56-year-old male who has been prescribed clarithromycin 500 mg BID for 7 days to treat Community Acquired Pneumonia. XD does not have a family doctor and obtained the prescription from a walk-in clinic. After taking the first two doses of this medication, XD calls the pharmacy and expresses that he has GI distress and states “I don’t think I can take this medication anymore, my stomach is a mess. I'd rather deal with pneumonia.” When asked about this distress more, XD states that he is not in pain, he's not vomiting and there is no blood in his stool, but he is unable to complete daily activities.How should a reasonable pharmacy practitioner respond?

Answered: 67 Skipped: 0

	THE ACTION I WOULD TAKE	I WOULD NOT DO THIS, BUT IT IS OKAY IF ANOTHER PHARMACIST DID	NOT APPROPRIATE	TOTAL
Inform the patient that he only has 6 days left of the medication, and his distress should not worsen.	6.78% 4	28.81% 17	64.41% 38	59
Recommend OTC medications to manage symptoms of GI distress.	34.48% 20	46.55% 27	18.97% 11	58
Refer patient to ER/walk-in clinic.	15.25% 9	45.76% 27	38.98% 23	59
Contact the prescriber for an alternative.	53.33% 32	40.00% 24	6.67% 4	60
Complete a Renewal Assessment and conduct a therapeutic substitution.	67.16% 45	22.39% 15	10.45% 7	67