PharMerica

PSYCHOTROPIC MEDICATION PRESCRIBING GUIDELINES: February 2023

MEDICATION CLASSES	F-758 GUIDELINES: DURATION OF USE and GDR	DOCUMENTATION for INITIATION and CONTINUATION (plus EXCEPTIONS)
Routine Psychotropics • Antipsychotics • Antidepressants • Anxiolytics • Hypnotics • *Other*	**Attempt and document GDRs as clinically appropriate (unless contraindicated) to determine:** • lowest effective dose, or • if psychotropic medication can be discontinued **Dose reductions should occur:** • in modest increments, and • over adequate periods of time to minimize withdrawal symptoms and to monitor for symptom recurrence. **For example (not an absolute requirement):** Compliance with the requirement to perform a GDR may be met if, within the 1st year in which a resident is admitted on a psychotropic drug or after the prescribing practitioner has initiated a psychotropic drug, a facility attempts a GDR in two separate quarters (with > 1 month between the attempts), unless clinically contraindicated.	**INITIATION/CONTINUATION** Medical record must include a validating diagnosis/indication documented for every psychotropic in use per CMS SOM Appendix PP §483.45(e)(1) **PSYCHOTROPIC GDR CONTRAINDICATION JUSTIFICATION FOR USE** Dementia Diagnosis (include but not limited to): • Resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; **AND** • Physician documents clinical rationale for why additional dose reduction attempts would likely impair resident's function or increase distressed behavior. Diagnosis OTHER THAN Dementia (Schizophrenia, Bipolar Mania, Depression with Psychotic Features, or other disorder which may cause Psychosis: • The continued use is in accordance with relevant current standards of practice **AND** • Physician documents the clinical rationale for why any attempted dose reduction would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder; **OR** • Resident's target symptoms returned or worsened after the most recent attempt at a GDR within the facility; **AND** • Physician documents the clinical rationale for why any additional attempted dose reduction at that time would be likely to impair the resident's function or exacerbate an underlying medical or psychiatric disorder. **LONG TERM TREATMENT FOR SPECIFIC DISORDERS WITH PSYCHOTROPIC MEDS** Clinical goal: Minimize/Eradicate symptoms of disorder • Even though symptoms have subsided, long term treatment is required so that symptoms do not return. • Reducing or eliminating medication may be contraindicated and must be individualized. • I.e.: Chronic Depression, Parkinson's Disease Psychosis, Recurrent Seizures, Chronic Psychiatric Illness (Schizophrenia, Schizoaffective disorder, Post-Traumatic Stress Disorder); Neurological Disorders (Huntington's and Tourette's); Psychosis and Psychotic Episodes. **ANTIPSYCHOTICS** Require clear documentation of diagnosis and indication for use, multiple attempts at care-planned non-drug interventions that have failed, and ongoing evaluation of these approaches. Diagnoses alone do not warrant use. Indication may be warranted if: • Behavioral symptoms present danger to self or others, • Expressions or indications of distress that are significant to the resident, • If not clinically contraindicated, non-pharmacological approaches previously attempted failed, and/or • GDR was attempted, but clinical symptoms returned.

CMS PHASE III UPDATES

✓ ***Other*** medications that affect brain activity (associated with mental processes and behaviors) ARE subject to the psychotropic medication requirements if documented use appears to be a substitution for another psychotropic medication, rather than for the original or approved indication.

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PRN Psychotropic (Except Antipsychotics)	• Limited to 14 days **OR** • Can extend duration beyond 14 days with prescribing practitioner's rationale and duration	• Effectiveness • Ongoing specific diagnosed condition • Indication • Duration
PRN Antipsychotic	• Limited to 14 days (without exception)	**DIRECT EVALUATION BY PRESCRIBER INCLUDING THE FOLLOWING IN THE RESIDENT'S MEDICAL RECORD WITH EVERY ORDER AND CONTINUATION:** • Ongoing specific diagnosed condition and indication: Is the antipsychotic medication still needed on a PRN basis? • What is the benefit of the medication to the resident? • Effectiveness: Have the resident's expressions or indications of distress improved as a result of the PRN medication? • Duration cannot exceed 14 days

POTENTIAL ADVERSE REACTIONS OF PSYCHOTROPIC MEDICATIONS FOR MONITORING:

- **General:** anticholinergic effects including flushing, blurred vision, dry mouth, altered mental status, difficulty urinating, falls, excessive sedation, constipation
- **Cardiovascular:** signs and symptoms of cardiac arrhythmias such as irregular heart beat or pulse, palpitations, lightheadedness, shortness of breath, diaphoresis, chest or arm pain, increased blood pressure, orthostatic hypotension
- **Metabolic:** increase in total cholesterol and triglycerides, unstable or poorly controlled blood sugar, weight gain
- **Neurologic:** agitation, distress, EPS, neuroleptic malignant syndrome (NMS), Parkinsonism, tardive dyskinesia, cerebrovascular event.

Emphasis is on seeking lowest effective dose and duration and minimizing risk of adverse consequences.

HOSPICE: PRN Psychotropic exceptions are NOT made for residents on Hospice.

NON-PSYCHOTROPIC INDICATIONS: PRN antipsychotics used for other non-psychotropic indications such as nausea, hiccups, etc. have not been given exception and are still subject to the 14 day limit.

F757; §483.45(d) Unnecessary Drugs – General: each resident's drug regimen must be free from unnecessary drugs (any drug when used):

- In excessive dose (including duplicate drug therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons.