

F758 – Gradual Dose Reductions (GDRs)



With new surveyor guidance effective October 24, 2022, psychotropic use remains a continued focus of CMS. F758 of the CMS State Operations Manual (SOM) Appendix PP provides guidance to surveyors for long-term care (LTC) facilities regarding psychotropics, including stipulations regarding Gradual Dose Reductions (GDRs).



What's Required

Per CMS

“Gradual Dose Reduction (GDR)” is the stepwise tapering of a dose to determine if symptoms, conditions, or risks can be managed by a lower dose or if the dose or medication can be discontinued.

CMS historically requires residents on psychotropic drugs to receive Gradual Dose Reduction (GDR) opportunities to find an optimal dose or to determine whether continued use of the medication is benefiting the resident.

CMS recently added new, clarifying language to the SOM, issuing additional detail on the timing and approach for gradual dose reductions of psychotropic medications:

“Dose reductions should occur in modest increments over adequate periods of time to minimize withdrawal symptoms and to monitor symptom recurrence. Compliance with the requirement to perform a GDR may be met if, for example, within the first year in which a resident is admitted on a psychotropic medication, a facility attempts a GDR in two separate quarters (with at least one month between the attempts), unless clinically contraindicated.”

Tapering psychotropic medications should be considered when:

- the resident's clinical condition has improved or stabilized (may taper to find lowest effective maintenance dose)
- resident's target symptoms have not improved (may taper to discontinue if not effective)
- the underlying causes of the original target symptoms have resolved
- non-pharmacological approaches have been effective in reducing the resident's symptoms
- the medical provider evaluates potential risks versus benefits and determines a gradual decrease is prudent (e.g., target behaviors are not improving, but also not worsening; a dose reduction to find the minimum dose required to maintain condition may be appropriate)

Opportunities to evaluate a GDR include:

- During the monthly medication regimen review
- During IDT behavior meetings
- When the attending physician or prescriber is reviewing the resident's plan of care and progress
- During the quarterly MDS review

Additional GDR resources include:

- [The American Psychiatric Association Practice Guidelines on the use of Antipsychotics to Treat Agitation or Psychosis in Patients with Dementia](#)
- [Discontinuing Medications: A Novel Approach for Revising the Prescribing Stage of the Medication-Use Process](#)

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Steps to Facility Compliance

- Review current policies and procedures for alignment with regulations per SOM Appendix PP.
- Review the Unnecessary Medications, Psychotropic Medications, and Medication Regimen Review Critical Element (CE) Pathway.
- Evaluate staff practices for compliance with the regulation as detailed above.
- Ensure staff is trained on executing and documenting GDR attempts.
- Leverage your PharMerica pharmacist to educate staff as needed.



How PharMerica Can Help

- Identifying and documenting GDR opportunities, attempts, and non-pharmacological interventions in the resident's care plan.
- Providing Interim Medication Regimen Reviews (IMRRs) for a change in resident condition in relation to potential adverse consequence of a medication, or if the resident has not responded to medication therapy as anticipated and/or indicated.
- Providing education with PharMerica resources, such as the [Psychotropic Medication Prescribing Guidelines](#).
- Working with facility staff to create a GDR tracking and documentation system that works for your facility and will prepare you for survey inspections.