

# OHCPS NEWSLETTER

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## Antipsychotic Medication Review

CMS F-Tag F-758 is one of the most frequently cited F-Tags. It states:

- Residents who have not used psychotropic drugs are not given these drugs unless it is necessary to treat a specific condition as diagnosed and documented in the clinical record.
- Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- PRN orders are limited to 14 days. If prescriber believes that it is appropriate for the PRN order to extend beyond 14 days, the prescriber must document rationale and indicate duration of the PRN order.
- PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the prescriber evaluates the resident for the appropriateness of that medication.

Psychotropic drugs include the following classes of medication: anti-depressants, anti-anxiety, sedatives, mood stabilizers, and anti-psychotics. Anti-psychotics are the focus of this newsletter.

Psychotropic medications require an informed consent, signed by either the patient or the power of attorney. These medications must also be monitored for indications of distress/behavioral expressions to determine effectiveness of the medication.

Common anti-depressants include:

- Prozac Cymbalta Trazodone
- Zoloft Lexapro Celexa

Common anti-anxiety medications include:

- Xanax Ativan Klonopin
- Buspar Valium Halcion

Common sedatives include:

- Ambien Melatonin Lunesta
- Sonata

Common medications often used as mood stabilizers:

- Depakote Trileptol Tegretol

Some of the more commonly seen anti-psychotic medications are:

- Risperdal Zyprexa Abilify
- Seroquel Geodon Haldol

Approved diagnoses for the use of antipsychotics include:

- Schizophrenia or schizo-affective disorder
- Psychotic mood disorder, acute psychotic episode, or brief reactive psychosis
- Bipolar Disorder, Major Depressive Disorder (MDD)
- Huntington's Disease, Tourette's Disorder, BPSD

Anti-psychotics medications are subject to gradual dosage reduction requirements. An attempt should be made to reduce the dose twice in the first year, in 2 separate quarters, with at least 1 month between attempts, and annually thereafter. If needed, the prescriber can document that a reduction is contraindicated, but must give rationale as to why, such as a past failed GDR, or that a reduction is likely to worsen the clinical condition.

Generally, anti-psychotic medications should not be used PRN unless absolutely necessary. Any PRN order for an anti-psychotic is limited to 14 days, with no exceptions. Use beyond 14 days would require direct, in-person evaluation by the prescriber for the appropriateness of the medication. Any renewal would again be limited to just 14 days.

Potential side effects of this class of medications include:

- Weight gain
- Blood sugar abnormalities
- Leukopenia/Neutropenia
- Tremor/Tardive Dyskinesia (TD)

Necessary monitoring would include:

- Periodic weight checks
- Blood sugar monitoring
- Routine CBC
- Screening for movement disorders (AIMS or other TD screening tool, to be completed every 6 months)

References:

- Clinical Pharmacology
- US Pharmacist.2007;32(11):HS3-HS14.
- Am Family Physician.2010 Mar 1;81(5):617-622
- CMS State Operations Manual