

Focus on Changes to Pharmacy Services

- ◆ On [October 4, 2016](#), CMS released updated requirements for Long Term Care Facilities. These requirements must be met in order for LTC facilities to participate in Medicare and Medicaid programs. For a complete list of changes, please refer to the document at the following link: <https://www.gpo.gov/fdsys/pkg/FR-2016-10-04/pdf/2016-23503.pdf>
- ◆ The changes occur in 3 Phases. Phase 1 changes took effect November 28, 2016. Below is a reminder of those changes [that must be implemented by November 28, 2017](#).

CMS MEGA RULE PHASE 2

- 1) Requires the pharmacist to review the medical chart once a month with the DRR.
- 2) Revises the definition from psychopharmacological drug to psychotropic drug. This is defined as any drug that affects brain activities associated with mental processes and behavior. These drugs include, but are not limited to, drugs in the following categories: Antipsychotic, Antidepressant, Anxiolytic, Hypnotic.
 - a. Anti-psychotic (i.e. Haloperidol, Risperidone, Quetiapine, etc.);
 - b. Anti-depressant (i.e. citalopram, mirtazapine, trazodone, etc.);
 - c. Anti-anxiety (i.e. lorazepam, alprazolam, clonazepam, buspirone, etc.); and
 - d. Hypnotic (i.e. zolpidem, Eszopiclone, etc.)
- 3) Residents who use psychotropic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.
- 4) Limits PRN orders for psychotropic drugs to 14 days
 - a. PRN orders for anti-psychotic drugs are limited to 14 days and cannot be renewed unless the attending physician or prescribing practitioner evaluates the resident for the appropriateness of that medication.
 - b. PRN orders for psychotropic drugs are limited to 14 days. Except as provided in §483.45(e)(5), if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.
- 5) Regarding administration of crushed medications: CMS: We will be revising the interpretive guidance to convey that best practice would be to separately crush and administer each medication with food to address concerns with physical and chemical incompatibility of crushed medications and ensure complete dosaging of each medication. However, separating crushed medications may not be appropriate for all residents and should not be counted as a medication error unless there are instructions not to crush the medication(s). [Facilities should use a person-centered, individualized approach to administering all medications.](#) If a surveyor identifies concerns related to crushing and combining oral medications, the surveyor should evaluate whether facility staff have worked with the resident/representative and appropriate clinicians (e.g., the consultant pharmacist, attending physician, medical director) to determine the most appropriate method for administering medications which considers each resident's safety, needs, medication schedule, preferences, and functional ability.

[CMS is also revising the facility task for Medication Administration Observation, CMS 20056 to reflect this change, before the release of these materials in final form on November 28, 2017. Interpretive guidance related to crushed medications administered via feeding tube will remain unchanged.](#)