

# CMS regulatory changes limit the use of PRN psychotropic medications



## Attention Long-term Care Provider,

On November 28, 2017, the Centers for Medicare and Medicaid Services (CMS) will be implementing several regulatory changes for skilled nursing facilities (SNFs.) Of significance to prescribers will be new limitations on the use of PRN psychotropic medications within SNFs.

CMS has updated the definition of a psychotropic medication to be:

*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, antianxiety, hypnotic*

In addition to the above medication classes, drugs that may affect brain activity in the following categories may also be considered psychotropics by State surveyors:

*Central nervous system agents, mood stabilizers, anticonvulsants, muscle relaxants, anti-cholinergic medications, antihistamines, NMDA receptor modulators and over the counter natural or herbal products*

CMS is placing the following limits on the duration of use of PRN psychotropic medications.

## PRN Psychotropics (excluding antipsychotics):

14 day limitation on all PRN orders. Order may be extended beyond 14 days if the attending physician or prescribing practitioner:

- 1.) *Believes it is appropriate to extend the order –and–*
- 2.) *Documents clinical rationale for the extension –and–*
- 3.) *Provides a specific duration of use*

The above items may be documented upon initiation of the PRN psychotropic order, thus allowing profile use of the PRN beyond the 14 day limit.

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**PRN Antipsychotics:** 14 day limitation on all PRN orders. Order may NOT be extended beyond the 14 day limit. A NEW order for the PRN antipsychotic may be written if the attending physician or prescribing practitioner:

- 1.) *DIRECTLY examines and assesses the resident. Evaluation by facility staff is NOT permitted. -and-*
- 2.) *Documents clinical rationale for the new order which includes:*
  - a. *What is the benefit of the medication to the resident? -and-*
  - b. *Has the resident's expressions or indications of distress improved as a result of the PRN medication?*

The above items must be completed every 14 days for a resident receiving a PRN antipsychotic. There are no exceptions for Hospice residents.

In the upcoming weeks, long-term care facilities will be reaching out to prescribers to obtain the necessary documentation to continue/extend PRN psychotropic orders beyond 14 days.

In some cases, the facility may request to discontinue infrequently-used PRN psychotropics. In most

cases, facilities will be requesting that all PRN antipsychotics be discontinued.

This regulation does NOT mean a facility cannot use these medications, or initiate a PRN in emergent situations. Per Regulation "When a resident is experiencing an acute medical problem or psychiatric emergency (e.g., the resident's expression or action poses an immediate risk to the resident or others), medications may be required, as delirium induced psychosis. As always, medications should only be initiated/used in the presence of active clinical symptoms and after non-pharmacological interventions and least restrictive measures have been attempted." (CMS F757)

We thank you for your time and assistance as we move forward in the upcoming months with implementation of the new CMS regulations.

## **Link to federal guidance and interpretive Guideline F757: Un-Necessary Medications**

*<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/GuidanceforLawsAndRegulations/Downloads/Advance-Appendix-PP-Including-Phase-2-.pdf>*

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